COPY

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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CERTIFIED MAIL: 7009 0820 0000 2807 2115

April 7, 2011

Heather Davis, Administrator
Home Again ICF
2311 Aruba Drive
Nampa, ID 83686

RE: Home Again ICF, Provider 13G078

Dear Ms. Davis

On March 28, 2011, a follow-up of your facility was conducted to verify corrections of deficiencies noted during the survey of February 14, 2011. Base on the follow up survey, we have determined that Home Again ICF is out of compliance with the Medicaid Intermediate Care Facility for People with Mental Retardation (ICF/MR) Conditions of Participation on **(42 CFR 483.410): Governing Body and Management, (42 CFR 483.450): Client Behavior & Facility Practices, and (42 CFR 483.470): Physical Environment.** To participate as a provider of services in the Medicaid program, an ICF/MR must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused this Condition to be unmet, substantially limit the capacity of Home Again ICF to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies, which led to the finding of non-compliance with the Conditions of Participation referenced above by submitting a written Credible Allegation of Compliance/Plan of Correction.

It is important that your Credible Allegation/Plan of Correction address each deficiency in the following manner:

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;

2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;

3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed.

Sign and date the form(s) in the space provided at the bottom of the first page.

Such corrections must be achieved and compliance verified by this office, before May 14, 2011. To allow time for a revisit to verify corrections prior to that date, it is important that the completion dates on your Credible Allegation/Plan of Correction show compliance no later than May 3, 2011.

Please complete your Allegation of Compliance/Plans of Correction and submit to this office by **April 20, 2011**.

Failure to correct the deficiencies and achieve compliance will result in our recommending that the Medicaid Agency terminate your approval to participate in the Medicaid Program. If you fail to notify us, we will assume you have not corrected.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Be advised, that, consistent with IDAPA 16.05.03.300, you are entitled to request an administrative review regarding the issuance of the provisional license. To be entitled to an administrative review, you must submit a written request by May 5, 2011. The request must state the grounds for the facility's contention of the issuance of the provisional license. You should include any documentation or additional evidence you wish to have reviewed as part of the administrative review.

Your written request for administrative review should be addressed to:

Randy May, Deputy Administrator
Division of Medicaid -- DHW
PO Box 83720
Boise, ID 83720-0036
Phone: (208)364-1804
Fax: (208)364-1811

If you fail to submit a timely request for administrative review, the Department of Health and Welfare's decision to issue the provisional license becomes final. Please note that issues, which are not raised at an administrative review, may not be later raised at higher level hearings (IDAPA 16.05.03.301).

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by April 20, 2011. If a request for informal dispute resolution is received after April 20, 2011 the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

We urge you to begin correction immediately. If you have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Sincerely,

MICHAEL CASE
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MC/srm
Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G078	A. BUILDING _____ B. WING _____	R-C 03/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 000}	INITIAL COMMENTS The following deficiencies were cited during the follow up survey. The survey was conducted by: Michael Case, LSW, QMRP, Team Leader Barbara Dern, QMRP Taylor Barkley, Facility Fire Safety and Construction Common abbreviations/symbols used in this report are: ABC - Antecedent, Behavior, Consequence ADHD - Attention Deficit Hyperactive Disorder AQMRP - Assistant Qualified Mental Retardation Professional BID - Twice Daily CPI - Crisis Prevention Intervention - a behavioral intervention system which includes physical restraint FAS - Fetal Alcohol Syndrome HRC - Human Rights Committee ICF/MR - Intermediate Care Facility for Persons with Mental Retardation IDT - Interdisciplinary Team IEP - Individual Education Plan IPP - Individual Program Plan NOS - Not Otherwise Specified ODD - Oppositional Defiant Disorder PBSP - Positive Behavior Support Plan PSR - Psychosocial Rehabilitation PTSD - Post Traumatic Stress Disorder QMRP - Qualified Mental Retardation Professional RSM - Resident Service Manger	{W 000}	See Plan of Corrections RECEIVED APR 15 2011 FACILITY STANDARDS	
W 102	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing	W 102		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Admin | (X6) DATE: 4/14/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 102	Continued From page 1 body and management requirements are met. This CONDITION is not met as evidenced by: Based on observation, record review, staff interviews, and a review of the facility's compliance history, it was determined the facility's governing body failed to take actions that identified and resolved systematic problems of a serious and recurrent nature. As a result, individuals' behavioral services were negatively impacted. The findings include: 1. Refer to W266 - Condition of Participation: Client Behavior and Facility Practice as it relates to the facility's failure to ensure techniques used to manage inappropriate behavior were sufficiently developed, consistently implemented, and closely monitored. The facility was previously cited at W266 during the annual recertification dated 4/23/10 and the complaint survey dated 2/14/11.	W 102		
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, record review, staff interviews, and a review of the facility's compliance history, it was determined the facility's governing body failed to take actions that identified and resolved systematic problems for the individuals residing at the facility. This failure directly impacted 4 of 4 individuals reviewed	W 104		

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W 104	Continued From page 2 (Individuals #1 - #4), and had the potential to negatively impact 8 of 8 individuals (Individuals #1 - #8) residing at the facility. This failure resulted in a lack of accurate and comprehensive assessments, appropriate objectives, development and implementation of training programs, and appropriate monitoring of services. The findings include: 1. Refer to W124 as it relates to the facility's failure to ensure sufficient information was provided to parents/guardians on which to base consent decisions. The facility was previously cited at W124 during the annual recertification dated 4/23/10. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 2. Refer to W159 as it relates to the facility's failure to ensure the QMRP provided sufficient monitoring and coordination. The facility was previously cited at W159 during the annual recertification dated 4/23/10 and the complaint survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 3. Refer to W214 as it relates to the facility's failure to ensure behavioral assessments were completed and contained comprehensive information. The facility was previously cited at W214 during the annual recertification dated 4/23/10 and the complaint survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 4. Refer to W227 as it relates to the facility's failure to ensure individuals' IPPs included	W 104		

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W 104	Continued From page 3 objectives to meet their needs. The facility was previously cited at W227 during the annual recertification dated 4/23/10 and the complaint survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 5. Refer to W239 as it relates to the facility's failure to ensure appropriate replacement behaviors were identified and incorporated into behavior intervention programs. The facility was previously cited at W239 during the complaint survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 6. Refer to W252 as it relates to the facility's failure to ensure data was collected sufficiently to determine the efficacy of intervention strategies. The facility was previously cited at W252 during the complaint survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 7. Refer to W262 as it relates to the facility's failure to ensure restrictive interventions were implemented only with the approval of the human rights committee. The facility was previously cited at W262 during the complaint survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 8. Refer to W263 as it relates to the facility's failure to ensure restrictive interventions were implemented only with the written informed consent of the parent/guardian. The facility was previously cited at W263 during the complaint	W 104		

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W 104	Continued From page 4 survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 9. Refer to W266 as it relates to the facility's failure to ensure techniques used to manage inappropriate behavior were sufficiently developed, consistently implemented, and closely monitored. The facility was previously cited at W266 during the annual recertification dated 4/23/10 and the complaint survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 10. Refer to W276 as it relates to the facility's failure to ensure the behavior policy included all interventions used to manage maladaptive behavior. The facility was previously cited at W276 during the annual recertification dated 4/23/10. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. 11. Refer to W289 as it relates to the facility's failure to ensure techniques used to manage inappropriate behavior were incorporated into program plans. The facility was previously cited at W289 during the annual recertification dated 4/23/10 and the complaint survey dated 2/14/11. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies. The cumulative effect of these systemic, reoccurring deficient practices significantly impeded the facility's ability to meet the individuals' behavioral needs.	W 104		
W 120	483.410(d)(3) SERVICES PROVIDED WITH	W 120		

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W 120	Continued From page 5 OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure outside services met the needs for 3 of 4 individuals (Individuals #1, #2, and #4) who attended a public school. This resulted in outside services not being sufficiently coordinated necessary to meet the individuals' behavioral needs. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. He attended a specialized alternative school. Services were not sufficiently coordinated with the school as follows: a. Individual #2's PBSP, dated 3/11, stated he engaged in the following: - Physical aggression (defined as hitting, kicking, and/or spitting on others with intent to harm) - Verbal assault to staff (defined as threatening staff with harm, and yelling or cursing at staff or other residents) - Teasing or provoking others (defined as poking, yelling at, and/or any other action directed at the other residents or staff with the intent of getting the other resident or staff to react in a negative manor) - Property destruction (defined as destroying his personal items or property of the facility by punching or kicking walls, doors, or his dresser) - Tantrums (defined as falling to the ground	W 120		

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W 120	Continued From page 6 kicking and screaming) - Running from staff (defined as trying to avoid supervision from staff) - Sexually inappropriate behaviors (defined as touching or grabbing women's chests or making sexually inappropriate comments or gestures) - Suicidal ideation (defined as making suicidal threats or gestures) - Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) - Self injurious behaviors (defined as biting his lip to make it bleed, pinching himself, or hitting himself) Individual #2's IEP, dated 3/1/10, included two objectives under the Behavior Management section: - Identify how he is feeling. - Choose an appropriate coping skill. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated the school utilized a Daily Tracking Form to track behaviors listed on the IEP. The Daily Tracking Form included a line for each period of the school day and columns to track the individual's IEP behavioral goals. Additionally, the Form included a column for "Overall Rating" and a column for "Comments." The Form included a space where parents were supposed to sign the form before returning it to the school. The Principal stated no other behavioral data was tracked and the school did not have information from the facility related to the behaviors exhibited by Individual #2, intervention strategies used by the facility, or information related to how those behaviors were to be tracked. The Principal stated Individual #2's school Case Manager	W 120		

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W 120	Continued From page 7 would e-mail the facility with general behavioral information (i.e., an overall view of how the individual was doing), but not with formalized tracking or specific numbers or instances of behaviors. During an interview on 3/22/11 from 11:25 a.m. - 12:15 p.m., Individual #2's school Case Manager stated she would sometimes telephone the facility with information related to Individual #2's behavioral issues that were not documented on the Daily Tracking Form. The calls were usually made to the facility's RSM, but the school did not keep documentation of the calls. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated a copy of individuals' PBSPs were given to the schools at IEP meetings, but the facility did not ask the schools to track individuals' behaviors that were tracked at the facility. The Administrator stated the facility did not track maladaptive behaviors exhibited by individuals at school. The facility failed to ensure tracking and documentation of Individual #2's maladaptive behaviors was consistent between the school and the facility, and that the facility was tracking maladaptive behavior exhibited at school as part of his behavioral progress/regress. b. During visits to the school attended by Individual #2, on 3/22/11 from 11:10 a.m. - 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were observed. Both were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a	W 120		

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W 120	Continued From page 8 button on the wall outside the room. Once inside the room, it was not possible to maintain visual observation of the individual at all times. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #2's school Case Manager stated the time-out rooms were used for Individual #2. The Case Manager stated Individual #2 could choose to go into the time-out room independently to calm or could be placed in the room by staff. Individual #2's Daily Tracking Forms for an 11 day period in 3/11 were reviewed and documented he voluntarily went into the time-out room 7 times and was placed in the time-out room 28 times. One of the forms was signed by the facility's AQMRP, 8 were signed by the RSM, and two were not signed by the facility. The Daily Tracking Forms did not include information related to the duration of time Individual #2 spent in the time-out room, the reason for entering the time-out room, or his response to the time-out room in relation to his maladaptive behavior. During an interview on 3/25/11 from 10:00 - 10:15 a.m., the school Principal stated she was not aware there were regulations regarding the use and structure of time-out rooms for individuals residing in ICFs/MR. The Principal stated additional documentation was kept regarding the use of the time-out rooms, but the documentation was not provided to the facility and had not been requested by the facility. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the RSM stated she was usually the staff member who reviewed and signed the Daily	W 120		

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W 120	Continued From page 9 Tracking Forms from the school prior to their return to the school. The RSM stated she would praise Individual #2 if the Form stated he had a good day, but stated she did nothing with the information related to maladaptive behaviors. The Administrator, who was present during the interview, stated information related to the use of the time-out room for Individual #2 was not assessed or tracked by the facility. The facility failed to ensure behavioral interventions used by the school were coordinated with the facility. c. Individual #2's PBSP stated he received Depakote (an anticonvulsant drug) 750 mg twice daily for physical and verbal aggression, Eskalin (an antipsychotic drug) 600 mg twice daily for manic episodes of physical aggression related to bipolar disorder and ODD, and Abilify (an anti psychotic drug) 15 mg daily for aggression. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated the school may be made aware of individuals' medications during the annual IEP meeting, but the school was not usually made aware of medication changes or the effects the medications were to have on the individual. Additionally, the Principal stated information related to potential side effects was provided on a "hit and miss" basis. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated medication information was provided to the school during the annual IEP meeting. The Administrator stated she attended meetings at the school on a quarterly basis and provided verbal information regarding changes through the PSR worker who	W 120		

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W 120	Continued From page 10 worked between the school and the facility. The Administrator stated she had no documentation of those conversations. The facility failed to ensure school personnel were provided with consistent information related to Individual #2's behavioral medications. d. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated staff from the facility did not come to observe at the school and the school was not invited to meetings at the facility. During an interview on 3/22/11 from 11:25 a.m. - 12:15 p.m., the school Case Manager stated communication with the facility was poor. The Case Manager stated she stopped e-mailing information to the facility because the facility would not respond, even if specific questions were presented in the e-mail. The Case Manager stated if the RSM was not at the facility, Daily Tracking Forms were usually not signed and returned, and that the RSM was the usual contact at the facility for the school. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated she had been the primary contact for the school to this point, but the QMRP would be taking on that role. The Administrator stated communication between the facility and the school was not well documented, and services had not been coordinated sufficiently. The facility failed to ensure there was sufficient coordination of services with the school in order to meet Individual #2's behavioral needs.	W 120		

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W 120	Continued From page 11 2. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control disorder. He attended a specialized alternative school. Services were not sufficiently coordinated with the school as follows: a. Individual #1's Functional Behavioral Assessment, dated 2/11, documented he engaged in the following: - Task avoidance/defiance (defined as refusing to comply with staff requests or his active treatment schedule by ignoring or pretending to be asleep) - Verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments or gestures to staff or peers) - Physical intimidation (defined as making threatening gestures to others) - Physical aggression (defined as throwing things at staff, hitting, kicking, and biting when asked to do something he doesn't want to do) - Tantrums (defined as throwing self to the ground, crying uncontrollably, and yelling) - Property damage (defined as breaking personal and facility property including breaking windows, punching or kicking walls, destroying his dresser) - Inappropriate sexual (defined as making sexual comments or gestures toward others, exposing himself, or doing sexual acts in public). Individual #1's IEP, dated 1/12/10, included two objectives under the Behavior Management section: - Identify when he is frustrated. - Choose an appropriate coping skill. During an interview on 3/22/11 from 11:10 - 11:23	W 120		

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W 120	Continued From page 12 a.m., the school Principal stated the school utilized a Daily Tracking Form to track behaviors listed on the IEP. The Daily Tracking Form included a line for each period of the school day and columns to track the individual's IEP behavioral goals. Additionally, the Form included a column for "Overall Rating" and a column for "Comments." The Form included a space where the parent was supposed to sign the form before returning it to the school. The Principal stated no other behavioral data was tracked and the school did not have information from the facility related to the behaviors exhibited by Individual #1, intervention strategies used by the facility, or information related to how those behaviors were to be tracked. The Principal stated Individual #1's school Case Manager would e-mail the facility with general behavioral information (i.e., an overall view of how the individual was doing), but not with formalized tracking. During an interview on 3/22/11 from 11:25 a.m. - 12:15 p.m., Individual #1's school Case Manager stated she would telephone the facility if Individual #1 received detention or a school award, but would generally e-mail the facility weekly to review his behavior and progress for the week. She further stated she tracked Individual #1's behaviors according to his IEP every 15 minutes on the Daily Tracking Form. The forms were then sent to the facility for a signature. The Case Manger stated she was not aware of the behavioral objectives being tracked for Individual #1 at the facility. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated a copy of	W 120		

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W 120	Continued From page 13 Individual #1's PBSP was given to the school at the annual IEP meeting, but the facility did not ask the school to track the same behaviors that were tracked at the facility. The Administrator stated the facility did not track maladaptive behaviors exhibited at the school. The facility failed to ensure there was sufficient coordination of services with the school in order to meet Individual #1's behavioral needs. b. During visits to the school attended by Individual #1, on 3/22/11 from 11:10 a.m. - 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were observed. Both were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. Once inside the room, it was not possible to maintain visual observation of the individual at all times. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #1's school Case Manager stated the time-out rooms were used for Individual #1. The Case Manager stated Individual #1 could choose to go into the time-out room independently to calm or could be placed in the room by staff. Individual #1's Daily Tracking Forms from 3/1/11 - 3/21/11 were reviewed. Individual #1 had 12 Daily Tracking Forms during this time period that had been signed and returned by the facility. The forms documented he was placed in the time-out room 13 times. One of the forms was signed by the facility's AQMRP and 11 were signed by the RSM.	W 120		

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W 120	Continued From page 14 The Daily Tracking Forms did not include information related to the duration of time Individual #1 spent in the time-out room, the reason for entering the time-out room, or his response to the time-out room once he was out. During an interview on 3/25/11 from 10:00 - 10:15 a.m., the school Principal stated she was not aware there were regulations regarding the use and structure of time-out rooms for individuals residing in ICFs/MR. The Principal stated additional documentation was kept regarding the use of the time-out rooms, but the documentation was not provided to the facility and had not been requested by the facility. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the RSM stated she was usually the staff member who reviewed and signed the Daily Tracking Forms from the school prior to their return to the school. The RSM stated she would praise Individual #1 if the Daily Tracking Form stated he had a good day, but stated she did nothing with the information related to maladaptive behaviors. The Administrator, who was present during the interview, stated information related to the use of the time-out room for Individual #1 was not assessed by the facility. The QMRP, who was present during the interview, stated the documentation from the school was not sufficient to give a clear picture of what happened prior to, during, and after the behavior and use of the interventions. The facility failed to ensure interventions used by the school were sufficiently coordinated. c. Individual #1's PBSP, dated 2/11, documented he received 1 mg of guanfacine (an	W 120		

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W 120	Continued From page 15 antihypertensive drug) twice daily and 40 mg of Strattera (a central nervous system drug) daily for verbal aggression/intimidation. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated the school may be made aware of individuals' medications during the annual IEP, but the school was not usually made aware of medication changes or the effects the medications were to have on Individual #1. Additionally, the Principal stated receiving information related to potential side effects from the facility was "hit and miss." During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated medication information was provided to the school during the annual IEP meeting. The Administrator stated she attended meetings at the school on a quarterly basis and provided verbal information regarding changes through the PSR worker who traveled between the school and the facility, but did not document those conversations. The facility failed to ensure school personnel were provided with consistent information related to Individual #1's behavioral medications. d. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated staff from the facility did not come to observe at the school and the school was not invited to meetings at the facility. During an interview on 3/22/11 from 11:25 a.m. - 12:15 p.m., Individual #1's School Case Manager stated communication with the facility was poor. She stated the usual facility contact was the RSM. The Case Manager stated the facility did not	W 120		

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W 120	Continued From page 16 respond to requests or answer questions. She stated when she asked the facility, she was told by the RSM they printed out the e-mails and placed them in Individual #1's file and were not aware she needed a response. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated she had been the primary contact for the school to this point, but the QMRP would be taking on that role. The Administrator stated communication between the facility and the school was not well documented, and services had not been coordinated sufficiently. The facility failed to ensure there was sufficient coordination of services with the school in order to meet Individual #1's behavioral needs. 3. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay. He attended a local elementary school's special education program. Individual #4's PBSP, dated 3/11, stated he engaged in the following: - Physical aggression towards others (defined as hitting, kicking, and/or spitting on those around him) - Verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments to staff or peers) - Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) - Property destruction (defined as breaking personal and facility property) - Tantrums (defined as throwing items around the room, crying uncontrollably, and falling to the	W 120		

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W 120	Continued From page 17 ground) During a telephone interview on 3/22/11 from 2:54 - 3:07 p.m., Individual #4's teacher stated staff from the facility did not come and observe at the school, that the facility did not provide information related to maladaptive behaviors being tracked, that the school had not been provided with intervention strategies used by the facility, and that he had not been invited to meetings regarding Individual #4 at the facility. During an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the Administrator stated she had been the primary contact for the school to this point, but the QMRP would be taking on that role. The Administrator stated communication between the facility and the school was not well documented, and services had not been coordinated sufficiently. The facility failed to ensure services at the school were sufficiently coordinated to meet Individual #4's behavioral needs.	W 120		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure sufficient	W 124		

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W 124	Continued From page 18 information was provided to parents/guardians on which to base consent decisions for 2 of 4 individuals (Individuals #1 and #2) whose written informed consents were reviewed. This resulted in a lack of information being provided to the individuals' guardians regarding restrictive interventions. The findings include: 1. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control disorder. a. Individual #1's record indicated he received 1 mg of guanfacine (an antihypertensive drug) twice daily. His record included a guardian consent, dated 11/20/10, and a verbal HRC consent, dated 3/16/11, which stated Individual #1 received guanfacine for task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) related to ADHD. However, Individual #1's Medical Plan of Reduction, dated 2/11, stated he received guanfacine for verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments or gestures to staff or peers) related to ADHD. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #1 received the guanfacine for verbal aggression/intimidation and the consents provided to the guardian and HRC were not accurate. b. Individual #1's record indicated he received 40	W 124		

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W 124	Continued From page 19 mg of Strattera (a central nervous system drug) daily. His record included a guardian consent, dated 11/20/10, and a verbal HRC consent, dated 3/16/11, which stated he received Strattera for task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) related to ADHD. However, Individual #1's Medical Plan of Reduction, dated 2/11, stated he received Strattera for verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments or gestures to staff or peers) related to ADHD. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #1 received the Strattera for verbal aggression/intimidation and the consents provided to the guardian and HRC were not accurate. The facility failed to ensure Individual #1's consents for guanfacine and Strattera contained accurate information. 2. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. Individual #2's PBSP, dated 3/11, stated he received Abilify (an antipsychotic drug) 15 mg for aggression. However, Individual #2's HRC Approval Request Form, dated 3/15/11, which included guardian consent dated 3/16/11, stated Abilify was for verbal assault.	W 124		

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W 124	Continued From page 20 During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #2's Abilify was for physical aggression, not verbal assault. The Administrator stated the consent was not informed and needed to be revised. The facility failed to ensure Individual #2's consent for Abilify contained accurate information.	W 124		
{W 159}	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews, it was determined the facility failed to ensure the QMRP provided sufficient monitoring and coordination for 4 of 4 individuals (Individuals #1 - #4) reviewed. That failure resulted in individuals not receiving the necessary assessments, objectives, and training required to meet their behavioral needs. The findings include: 1. Refer to W120 as it relates to the facility's failure to ensure the QMRP ensured outside services were sufficiently coordinated to meet individuals' behavioral needs. 2. Refer to W124 as it relates to the facility's failure to ensure consents for restrictive interventions contained accurate information. 3. Refer to W214 as it relates to the facility's failure to ensure the QMRP ensured behavioral assessments were comprehensive and	{W 159}		

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{W 159}	Continued From page 21 accurately identified individuals' behavioral status and needs. 4. Refer to W227 as it relates to the facility's failure to ensure the QMRP ensured objectives were developed to meet individuals' needs. 5. Refer to W230 as it relates to the facility's failure to ensure the QMRP ensured individuals' training objectives were assigned completion dates. 6. Refer to W236 as it relates to the facility's failure to ensure the QMRP ensured individuals' written training programs indicated the person responsible for the program. 7. Refer to W237 as it relates to the facility's failure to ensure the QMRP ensured programs specified the type and frequency of data to be collected. 8. Refer to W239 as it relates to the facility's failure to ensure the QMRP ensured appropriate replacement behaviors were identified and incorporated into individuals' behavior intervention programs. 9. Refer to W252 as it relates to the facility's failure to ensure the QMRP ensured data was collected sufficiently to determine the efficacy of individuals' intervention strategies. 10. Refer to W262 as it relates to the facility's failure to ensure the QMRP ensured restrictive interventions were not implemented prior to approval by the HRC. 11. Refer to W263 as it relates to the facility's	{W 159}		

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{W 159}	Continued From page 22 failure to ensure the QMRP ensured restrictive interventions were implemented only after guardian consent was obtained. 12. Refer to W285 as it relates to the facility's failure to ensure the QMRP ensured behavioral interventions were implemented with sufficient safeguards to protect individuals' rights and physical safety.	{W 159}		
{W 214}	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure behavioral assessments contained comprehensive information for 4 of 4 individuals (Individuals #1 - #4) whose behavior assessments, IPPs, and behavioral programs were reviewed. This resulted in a lack of information on which to base program intervention decisions. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. His 3/11 "Functional Behavior Assessment" was not sufficiently developed in order to address his behavior management needs as follows: a. Individual #2's IPP stated in the "Medical Diagnosis" section that he was diagnosed with Bipolar disorder, mixed with psychotic features, ADHD, and mood disorder. However the "Affective Development" section of his IPP also	{W 214}		

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{W 214}	Continued From page 23 included the diagnoses of ODD, PTSD and Visual/Audio command hallucinations. Individual #2's behavioral assessment stated he had a long history of mental illness and anger issues and documented he "had hallucinations in the past." The assessment did not include specific information related to which mental illness diagnoses he presented with. The assessment further stated he engaged in physical assault and intimidation, verbal assault, teasing and provoking others, property destruction, tantrums, running from staff, sexually inappropriate behavior and suicidal ideation. The assessment did not include information regarding the relationship between his mental illness and the behaviors which he displayed. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated Individual #2's psychiatric diagnoses had not been addressed in his assessment or tied to his maladaptive behaviors. The facility failed to ensure Individual #2's behavioral assessment addressed his mental health diagnoses and the relationship between his mental illness and the behaviors which he displayed. b. Individual #2's behavioral assessment stated he engaged in physical aggression and intimidation defined as hitting, kicking, and/or spitting on those around him or holding his fist clenched by another person's face and glaring at them. The assessment stated the function of the behavior was to get attention from a particular staff but it would also occur if he was	{W 214}		

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{W 214}	Continued From page 24 over-stimulated. During an interview with the Administrator, QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the AQMRP and Lead Staff stated it did not appear Individual #2's physical assaults were a result of being over-stimulated or to get attention. They stated he could not wait to talk to certain staff and it appeared to be more related to his ADHD and impulse control problems. c. Individual #2's behavioral assessment stated he engaged in verbal assault, defined as threatening staff with harm, and yelling/cursing at staff or other residents. The assessment stated the function of the behavior was to avoid undesirable tasks or to avoid particular situations. During an interview with the Administrator, QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the AQMRP and Lead Staff stated it did not appear Individual #2's verbal assaults were related to task avoidance. They stated it was the way Individual #2 attempted to control his own environment and schedule as he would engage in tasks as long as he thought it was his idea to do so. d. Individual #2's behavioral assessment stated he engaged in teasing/provoking other residents and staff, defined as "poking, yelling at and/or any other action directed at the other residents or staff with the intent of getting the other resident or staff to react in a negative manner or go into behavior." The assessment stated he engaged in the behavior when he was over-stimulated and was not busy. However, the function of the behavior section stated it was to gain attention and he	{W 214}		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 214}	Continued From page 25 enjoyed provoking others. During an interview with the Administrator, QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the AQMRP and Lead Staff stated it did not appear Individual #2's teasing/provoking was related to over-stimulation or boredom. They stated it was to push someone's buttons and get a reaction. e. Individual #2's behavioral assessment stated he engaged in destruction of property, defined as destroying his personal items, typically his toys, or property of the home by punching or kicking walls, doors, or his dresser while in a fit of anger. The assessment stated the function of the behavior was to "release his negative emotional energy." During an interview with the Administrator, QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's property destruction was not accurate and the assessment needed to be revised. f. Individual #2's behavioral assessment stated he engaged in tantrums, defined as falling to the ground and screaming at the top of his lungs. The assessment stated tantrums would occur when he was not allowed to do what he wanted or when a family visit was cancelled at the last minute. The assessment stated the function of the behavior was to get something he wanted. However, his 2/11 IPP stated he "uses this behavior in order to get attention." During an interview with the Administrator, QMRP, AQMRP and Lead staff, on 3/24/11 from	{W 214}		

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{W 214}	Continued From page 26 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's tantrums was not accurate and the assessment needed to be revised. g. Individual #2's behavioral assessment stated he engaged in running from staff, defined as trying to avoid supervision from staff. The assessment stated this would occur when he was bored or angry or not being closely supervised and the function of the behavior was to irritate and provoke staff. The "General Behavioral Accommodations" section of Individual #2's IPP stated "Due to the severity of the violent/aggressive behaviors, the provoking behaviors, and the sexually inappropriate behaviors, and the danger that [Individual #2] presents to himself and others... [Individual #2] requires close proximity (same room), one to one supervision while he is awake by specially trained staff members..." Individual #2's behavioral assessment did not include information related to the use of close proximity supervision or the effect it had on his maladaptive behaviors, including his running away behavior. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated close proximity supervision had not been included in Individual #2's behavioral assessment and the assessment needed to be revised. h. Individual #2's behavioral assessment stated he engaged in sexually inappropriate behaviors, defined as touching or grabbing a woman's chest, and/or making sexually inappropriate comments	{W 214}		

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{W 214}	Continued From page 27 or gestures. The assessment stated the behavior would occur when he was bored, not getting his way and/or when he was not closely supervised. The assessment stated the function of the behavior was to get attention and appeared to have a "hormonal function." During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #2's sexually inappropriate behaviors did not appear related to sexual gratification, but the behavior was not clearly assessed. The Administrator stated the assessment needed to be revised. i. Individual #2's behavioral assessment stated he engaged in suicidal ideation, defined as making suicidal threats or suicidal gestures in order to gain attention. The assessment stated the behavior would occur when he was "very upset with staff or other adult care givers" and the function of the behavior was to "express his strong negative feelings about a situation." The assessment was not clear in describing whether the function of the behavior was to seek attention or communicate his negative feelings. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #2's suicidal ideation had changed when the facility consistently implemented arms-length supervision following a threat. The Administrator stated the assessment needed to be revised to reflect Individual #2's current suicidal ideation data. j. Individual #2's behavioral assessment stated he engaged in task avoidance/defiance defined as refusing to comply with staff requests or complete tasks. The assessment stated the function of the	{W 214}		

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{W 214}	Continued From page 28 behavior was task avoidance but "it has a greater function of irritating the staff which he enjoys." During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's avoidance/defiance was not accurate and the assessment needed to be revised. k. Individual #2's behavioral assessment stated he engaged in self injurious behaviors, defined as biting his lip to make it bleed and pinching and hitting himself. The assessment stated the behavior occurred when he was over-stimulated or had been told he could not have or do something he wanted to do. However, the function of the behavior was to get attention from staff and to "show staff how angry he is." The assessment was not clear in describing whether the function of the behavior was to seek attention, communicate his negative feelings or as a result of over-stimulation. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's self injurious behavior was not accurate and the assessment needed to be revised. The facility failed to ensure Individual #2's behavior assessment was sufficiently developed and accurately reflected his maladaptive behaviors. 2. Individual #3's 2/11 IPP stated she was a 16 year old female diagnosed with mental retardation. Her 2/11 "Functional Behavior Assessment" was not sufficiently developed in order to address her behavior management	{W 214}		

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{W 214}	Continued From page 29 needs as follows: a. Individual #3's behavioral assessment stated she was diagnosed with ODD, reactive attachment disorder, PTSD and ADHD. However, Individual #3's IPP stated in the "Medical Diagnosis" section that she was also diagnosed with anxiety disorder NOS and mood disorder. Individual #3's behavioral assessment and IPP were not consistent in documenting her diagnoses. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #3's Functional Behavioral Assessment needed to be revised. b. Individual #3's PBSP, dated 2/11, included an objective to decrease instances of making false allegations. However, making false accusations was not a target behavior assessed in Individual #3's Functional Behavioral Assessment. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #3's Functional Behavioral Assessment should include making false accusations. She further stated she thought the behavior had been assessed and would provide the surveyor with a copy of the accurate Functional Behavioral Assessment. A copy of Individual #3's Functional Behavioral Assessment including false accusations had not been received by the surveyor at the time of this report. The facility failed to ensure Individual #3's behavior assessment was sufficiently developed. 3. Individual #1's 2/11 IPP stated he was a 13	{W 214}		

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{W 214}	Continued From page 30 year old male diagnosed with moderate mental retardation. His 2/11 "Functional Behavior Assessment" was not sufficiently developed in order to address his behavior management needs as follows: a. Individual #1's behavioral assessment stated he was diagnosed with ADHD, PTSD, and impulse control disorder. However, Individual #1's IPP stated in the "Presenting Problems and Disabilities" section that he was also diagnosed with ODD. Individual #1's behavioral assessment and IPP were not consistent in documenting his diagnoses. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #1's Functional Behavioral Assessment needed to be revised. b. The "General Behavioral Accommodations" section of Individual #1's IPP stated "Due to the severity of the violent/destructive behaviors, and the danger that [Individual #1] presents to himself and others...[Individual #1] requires close proximity (2 arms length) [sic], one to one supervision while he is awake and a dedicated staff member available if he wakes up at night." Individual #1's behavioral assessment did not include information related to the use of close proximity supervision or the effect it had on his maladaptive behaviors. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #1's Functional Behavioral Assessment needed to be revised to include the use of one-to-one supervision.	{W 214}		

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{W 214}	Continued From page 31 c. Individual #1's behavioral assessment stated he had a history of physical aggression toward pregnant women and small children. The assessment stated he had attempted to kick and hit pregnant women to "harm their children" and he was easily irritated by smaller children and should not be around them, even in the community, as he had "grabbed someone's baby and threw it down causing brain injury." However, a functional assessment of the Individual #1's behavior towards pregnant women and small children was not present. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #1's Functional Behavioral Assessment did not include an assessment of Individual #1's behavior toward children and pregnant women and needed to be revised. The facility failed to ensure Individual #1's behavior assessment was sufficiently developed. 4. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay. His 3/11 "Functional Behavior Assessment" was not sufficiently developed in order to address his behavior management needs as follows: a. Individual #4's behavioral assessment stated he had diagnoses which included ADHD, emotional disturbance and FAS. The assessment further stated he "exhibited differences in processing sound, visual information, and touch" and had "difficulty synthesizing and making sense of multisensory data." The assessment stated Individual #4	{W 214}		

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{W 214}	Continued From page 32 engaged in physical aggression, verbal aggression/intimidation, task avoidance/defiance, tantrums, and property destruction. However, the assessment did not include information regarding the relationship between his diagnoses and the behaviors which he displayed. During an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the Administrator stated Individual #4's psychiatric diagnoses had not been addressed in his assessment or tied to his maladaptive behaviors. The facility failed to ensure Individual #4's behavior assessment was sufficiently developed.	{W 214}		
{W 227}	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure individuals' IPPs included objectives to meet their needs for 1 of 4 individuals (Individual #2) whose behavioral plans were reviewed. This resulted in a lack of program plans designed to address the needs of an individual in areas most likely to impact his life. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 year old male whose diagnoses included bipolar mixed with psychotic features, ADHD, mild mental retardation, and mood disorder. His IPP also stated he had reported visual and auditory	{W 227}		

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{W 227}	Continued From page 33 hallucinations, which included command hallucinations to kill himself. His record did not include clear information related to how Individual #2 exhibited signs and symptoms of mood disorder NOS or ADHD. When asked during an interview on 3/24/11 from 9:05 a.m. - 11:45 p.m., the Administrator stated Individual #2's mood disorder NOS was exhibited by a decreased need for sleep, increased sexually inappropriate behavior, increased physical aggression, increased verbal aggression, suicidal ideation, decreased interest in hobbies, isolation, withdrawal from others, increased refusals, and sleep interruptions. The Administrator further stated ADHD was exhibited by the inability to sit still, self stimulatory behaviors, and being distracted. Individual #2's IPP included objectives to address physical aggression towards others, verbal assault to staff, teasing and provoking other residents, sexually inappropriate behaviors, task avoidance/defiance, and suicidal ideation. However, his IPP did not contain objectives related to his mental health needs (e.g. tracking of psychiatric signs and symptoms of sleep disturbance, decreased interest in hobbies, isolation, withdrawal from others, inability to sit still, self stimulatory behaviors and distraction). When asked during an interview on 3/24/11 from 9:05 - 11:45 p.m., the Administrator stated objectives were not developed related to Individual #2's psychiatric signs and symptoms.	{W 227}		

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{W 227}	Continued From page 34 The facility failed to ensure objectives were developed to address Individual #2's psychiatric signs and symptoms.	{W 227}		
W 230	483.440(c)(4)(ii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be assigned projected completion dates. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to assign individualized projected completion dates to objectives for 4 of 4 individuals (Individuals #1 - #4) whose PBSPs were reviewed. This resulted in the potential for individuals to receive training on objectives for extended periods of time without their rate of learning, strengths, and abilities being taken into consideration. The findings include: 1. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control disorder. None of the objectives in his PBSP, dated 2/11, contained projected completion dates. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., completion dates needed to be added to his objectives. 2. Individual #2's 2/11 IPP stated he was a 14 year old male whose diagnoses included bipolar mixed with psychotic features, ADHD, mild mental retardation, and mood disorder. None of the objectives in his PBSP, dated 3/11,	W 230		

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W 230	Continued From page 35 contained projected completion dates. When asked, the Administrator stated during an interview on 3/23/11 from 10:25 a.m. - 2:10 p.m., completion dates needed to be added to his objectives. 3. Individual #3's IPP, dated 2/11, documented a 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder, ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder. None of the objectives in her PBSP, dated 2/11, contained projected completion dates. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., completion dates needed to be added to her objectives. 4. Individual #4's IPP, dated 3/11, documented a 10 year old male diagnosed with pervasive developmental delay None of the objectives in his PBSP, dated 3/11, contained projected completion dates. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., completion dates needed to be added to his objectives. The facility failed to ensure the projected completion dates for Individuals #1 - #4's objectives were present and individualized.	W 230		
W 236	483.440(c)(5)(iii) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the person responsible for the program.	W 236		

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W 236	Continued From page 36 This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to assign a person responsible to monitor the objectives for 4 of 4 individuals (Individuals #1 - #4) whose PBSPs were reviewed. This resulted in the potential for individuals to receive training on objectives without their implementation being monitored. The findings include: 1. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control disorder. None of the objectives in his PBSP, dated 2/11, contained the name or title of the person assigned to monitor them. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the name or title of the person assigned to monitor the objectives needed to be added. 2. Individual #2's 2/11 IPP stated he was a 14 year old male whose diagnoses included bipolar mixed with psychotic features, ADHD, mild mental retardation, and mood disorder. None of the objectives in his PBSP, dated 3/11, contained the name or title of the person assigned to monitor them. When asked, the Administrator stated during an interview on 3/23/11 from 10:25 a.m. - 2:10 p.m., the name or title of the person assigned to monitor the objectives needed to be added. 3. Individual #3's IPP, dated 2/11, documented a	W 236		

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W 236	Continued From page 37 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder, ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder. None of the objectives in her PBSP, dated 2/11, contained the name or title of the person assigned to monitor them. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the name or title of the person assigned to monitor the objectives needed to be added. 4. Individual #4's IPP, dated 3/11, documented a 10 year old male diagnosed with pervasive developmental delay. None of the objectives in his PBSP, dated 3/11, contained the name or title of the person assigned to monitor them. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the name or title of the person assigned to monitor the objectives needed to be added. The facility failed to ensure the name or title of the person responsible for monitoring the progress and implementation of each objective was identified for Individuals #1 - #4.	W 236		
W 237	483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives. This STANDARD is not met as evidenced by:	W 237		

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W 237	Continued From page 38 Based on record review and staff interview, it was determined the facility failed to ensure the training programs included the type and frequency of data that was to be collected for 4 of 4 individuals, (Individuals #1 - #4) whose PBSPs were reviewed. That failure had the potential to prevent the facility from making objective decisions regarding individuals success or lack of success. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. Individual #2's PBSP, dated 3/11, included the following behavioral objectives which did not specify the type of data or frequency for which data was to be collected: - physical aggression - verbal assault - running from staff - sexually inappropriate behaviors - task avoidance/defiance - self injurious behaviors During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated directions for data collection were not clearly spelled out in the behavior programs. The facility failed to ensure Individual #2's behavior programs clearly stated the type of data and frequency for which data was to be collected. 2. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay.	W 237		

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W 237	Continued From page 39 Individual #4's PBSP, dated 3/11, included the following behavioral objectives which did not specify the type of data or frequency for which data was to be collected: - physical assault - verbal aggression/intimidation - task avoidance/defiance - property destruction During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated directions for data collection were not clearly spelled out in the behavior programs. The facility failed to ensure Individual #4's behavior programs clearly stated the type of data and frequency for which data was to be collected. 3. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control disorder. Individual #1's PBSP, dated 2/11, included the following behavioral objectives which did not specify the frequency and type of data that was to be collected: - task avoidance - verbal aggression/intimidation - physical intimidation - physical aggression - tantrums - sexually inappropriate behavior When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the data collection method and frequency was not	W 237		

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W 237	Continued From page 40 specified in the programs and needed to be added. The facility failed to ensure the frequency and type of data to be collected was specified for Individual #1. 4. Individual #3's IPP, dated 2/11, documented a 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder, ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder. Individual #3's PBSP, dated, 2/11, included the following behavioral objectives which did not specify the frequency and type of data that was to be collected: - task avoidance - inappropriate boundaries - property destruction - going to sleep and staying asleep - elopement Additionally, the training program for making false accusations stated staff would fill out an ABC Form if Individual #3 threatened to make a false accusation. However, the training program did not specify what data staff would collect if Individual #3 actually made a false accusation. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the data collection method and frequency was not specified in the programs and needed to be added. The facility failed to ensure the frequency and type of data to be collected was specified for	W 237		

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W 237	Continued From page 41 Individual #3.	W 237		
{W 239}	483.440(c)(5)(vi) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify provision for the appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure appropriate replacement behaviors were identified and incorporated into the behavior intervention programs for 2 of 4 individuals (Individuals #1 and #2) whose behavior intervention plans were reviewed. This resulted in individuals not receiving training to replace maladaptive behaviors. The findings include: 1. Individual #2's IPP stated in the "Medical Diagnosis" section that he was diagnosed with Bipolar disorder, mixed with psychotic features, ADHD, and mood disorder. The "Affective Development" section of his IPP also included the diagnoses of ODD, PTSD and Visual/Audio command hallucinations. Individual #2's Functional Behavior Assessment, dated 3/11, stated he engaged maladaptive behaviors which included the following: - Tantrums (defined as falling to the ground kicking and screaming). - Running from staff (defined as trying to avoid supervision from staff).	{W 239}		

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{W 239}	Continued From page 42 - Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks). Individual #2's record did not sufficiently identify and incorporate appropriate replacement behaviors into his behavior intervention programs as follows: a. Individual #2's PBSP, dated 3/11, included a replacement behavior objective for tantrums which stated "Given direct verbal prompts, [Individual #2] will appropriately initiate an interaction with another resident (by verbally interacting without using derogatory or offensive language) in 60% of trials per month for 3 consecutive months." The replacement objective did not address the function of the behavior as defined in the Functional Behavioral Assessment, which stated the function of tantrums was to get something he wanted. b. Individual #2's PBSP included a replacement objective for running from staff and task avoidance/defiance which stated "Given a direct verbal prompt or less, [Individual #2] will engage in positive activities that he enjoys during his free time (like fishing, gardening etc) [sic] in 80% of trials per month for 3 consecutive months." However, the replacement objective did not address the function of the behavior as defined in the Functional Behavioral Assessment as follows: - The assessment stated the function of running from staff was to irritate and provoke staff. - The assessment stated the function of task avoidance/defiance was task avoidance but "it has a greater function of irritating the staff which	{W 239}		

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{W 239}	Continued From page 43 he enjoys." During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #2's replacement behaviors were not sufficiently developed and needed to be revised. The facility failed to ensure appropriate replacement behaviors were identified and incorporated into individuals' behavior intervention programs. 2. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control. Individual #1's Functional Behavioral Assessment, dated 2/11, documented he engaged in maladaptive behaviors which included the following: - Task avoidance/defiance (defined as refusing to comply with staff requests or active treatment schedule by ignoring or pretending to be asleep). - Property damage (defined as breaking personal and facility property including breaking windows, punching or kicking walls, destroying his dresser). a. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for task avoidance which stated "[Individual #1] will state why it is important to wear clothes that are in line with the school uniform to school in 50% of trials per month." However, the replacement objective did not address the function of the behavior as defined in the Functional Behavioral Assessment. The Functional Behavior Assessment documented the	{W 239}		

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{W 239}	Continued From page 44 function of task avoidance as trying to avoid a task which was further complicated because Individual #1 did not understand the reasons behind rules and the importance of hygiene activities. b. Individual #1's PBSP, dated 2/11, included a replacement behavior for property damage which stated "[Individual #1] will identify an appropriate response to frustration out of a choice of 2 options presented to him by staff while he is calm in 50% of trials per month for 3 consecutive months." However, the replacement behavior did not address the function of the behavior as defined in the Functional Behavioral Assessment, which stated the function of property damage was to gain control over his environment. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the programs for Individual #1's replacement behaviors needed to be revised.	{W 239}		
{W 252}	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure data was collected sufficiently to determine the efficacy of the intervention strategies for of 4 of 4 individuals (Individuals #1 - #4) whose behavior	{W 252}		

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{W 252}	Continued From page 45 data was reviewed. That failure had the potential to impede the ability of the IDT in evaluating the effectiveness of programmatic techniques. The findings include: 1. The facility used an ABC form to record individuals' maladaptive behaviors. Staff were to document "A" what happened before, "B" during, and "C" after the maladaptive behavior. The form had additional space for duration of the behavior. ABC forms for Individuals #1 - #4 were reviewed from 3/9/11 - 3/21/11. The forms did not document sufficient information was collected regarding individuals' maladaptive behaviors to adequately assess the efficacy of the intervention strategies as follows: a. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. Individual #2's PBSP, dated 3/11, stated he engaged in the following: - Physical aggression (defined as hitting, kicking, and/or spitting on others with intent to harm) - Verbal assault to staff (defined as treating staff with harm, and yelling or cursing at staff or other residents) - Teasing or provoking others (defined as poking, yelling at, and/or any other action directed at the other residents or staff with the intent of getting the other resident or staff to react in a negative manor) - Property destruction (defined as destroying his personal items or property of the facility by punching or kicking walls, doors, or his dresser) - Tantrums (defined as falling to the ground	{W 252}		

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{W 252}	Continued From page 46 kicking and screaming) - Running from staff (defined as trying to avoid supervision from staff) - Sexually inappropriate behaviors (defined as touching or grabbing women's chests or making sexually inappropriate comments or gestures) - Suicidal ideation (defined as making suicidal threats or gestures) - Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) - Self injurious behaviors (defined as biting his lip to make it bleed, pinching himself, or hitting himself) The data collected on Individual #2's ABC forms was not sufficient. Examples included, but were not limited to, the following: - 3/19/11, time not indicated: "He screamed, cried, threatened me with a log (and) tried to strike me, curseing [sic], hitting. Threatened to sue [facility name], staff, Resident [sic], to kill (and) hurt other Residents (and) to attack staff. Said vulger [sic] words (and) sexual vulger words F, B, S bombs [sic]." Staff documented the behavior happened once and lasted 4 minutes. Staff documented "I put my arm around his (and) started to redirect him to his room, I tried talking calmy [sic] (and) only stopped him from hitting (and) running back through the gate." The ABC form did not document the sequence of events (i.e., at what point staff intervened and with what intervention), which staff and residents were threatened, which staff were attacked and how, how and who stopped Individual #2 from hitting or how they stopped him from running through the gate.	{W 252}		

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{W 252}	Continued From page 47 - 3/19/11, time not indicated: "Violent, Horrible, Intense, Loud, Aggressive [sic]. Hitting, Screaming, Spiting, Cursing, Sexual Behavior, Biting [sic]. Threatening, Property Destruction. Hit staff on arms, legs chest. Threatened to kill staff, sue [facility name]. Said the F, B (and) S words along with a number of sexual remerks [sic]. ie go **** ***, * punch window cover, while restrained humped staff legs (and) made sexual remarks." Staff documented "he was given numerous chances to change behavior so he could still have a chance on an outing[sic]. He was told his patients [sic] would get what he wanted. He was asked to stop his behavior, he was redirected to his room several times, he was restrained." Additionally, the form stated Individual #2 was "put in two man restraint till he behaved." The ABC form did not document the sequence of events (i.e., at what point staff intervened and with what intervention), which staff was hit and threatened, what "chances to change behavior" meant, how he was redirected to his room, or his response to those interventions. When asked during an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated the data collected on the ABC sheets was not sufficient to follow the behavior and assess interventions. b. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay. Individual #4's PBSP, dated 3/11, stated he engaged in the following: - Physical aggression towards others (defined as hitting, kicking, and/or spitting on those around	{W 252}		

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{W 252}	Continued From page 48 him) - Verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments to staff or peers) - Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) - Property destruction (defined as breaking personal and facility property) - Tantrums (defined as throwing items around the room, crying uncontrollably, and falling to the ground) The data collected on Individual #4's ABC forms was not sufficient. Examples included, but were not limited to, the following: - 3/11/11, time not indicated: "Resident started with refusal (and) then resulted to [sic] kick the walls, crying, throwing a tantrum, refusal to do chores, throwing objects, kicking door, shouting." The staff documented "He was given an option (and) consequence (and) still refused to cooperate. Talked to resident to see why he was refusing (and) what could be done (and) still refused." Staff documented "Help/Aid" was an option, and "do half chores, eat breakfast, (and) and do other half." The ABC form did not document the sequence of events (i.e., did the individual engage in property destruction before or after the options were offered), how the maladaptive behavior progressed, what interventions were tried other than options, what response Individual #4 had to the interventions other than refusals, and what ended the behavioral episode. - 3/11/11, time not indicated: "cursing, mocking, yelling, crying, tantrum, middle finger, banging on	{W 252}		

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{W 252}	Continued From page 49 wall (and) doors." Staff documented "Redirect to room, verbal command asking him to go to room till he can behave. Had to be taken in his room by restraint." The ABC form did not document what initiated the maladaptive behavior, who the behavior was directed towards, the sequence of events and interventions, Individual #4's response to the interventions, the type of restraint used, and what ended the behavioral episode. When asked during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the Administrator stated the data collected on the ABC sheets was not sufficient to follow the behavior and assess individuals' interventions. c. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control. Individual #1's PBSP, dated 2/11, documented he engaged in the following: - Task avoidance/defiance (defined as refusing to comply with staff requests or active treatment schedule by ignoring or pretending to be asleep) - Verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments or gestures to staff or peers) - Physical intimidation (defined as making threatening gestures to others) - Physical aggression (defined as throwing things at staff, hitting, kicking, and biting when asked to do something he doesn't want to do) - Tantrums (defined as throwing self to the ground, crying uncontrollably, and yelling) - Property damage (defined as breaking personal	{W 252}		

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{W 252}	Continued From page 50 and facility property including breaking windows, punching or kicking walls, destroying his dresser) - Inappropriate sexual (defined as making sexual comments or gestures toward others, exposing himself, or doing sexual acts in public) The data collected on Individual #1's ABC forms was not sufficient. Examples included, but were not limited to, the following: - 3/16/11: Individual #1 was getting ready to go on an outing. He slammed his fists on the kitchen counter and threw a pen. Staff verbally reminded him that he would not be able to go on the outing if he continued the behavior. Individual #1 calmed down. When getting in the van, he went to sit in the front passenger seat and was told another staff was already planning on sitting there. Individual #1 stomped his feet, kicked the fence, and walked down the street while crying. The ABC from did not document the time the incident occurred or the interventions staff used when his behavior escalated at the van. Further, it did not document Individual #1's reaction to the intervention. - 3/18/11: Individual #1 was fishing at a local pond with another resident. The other resident wanted to fish alone and went to another section of the pond. Individual #1 wanted to fish with the other resident and engaged in a tantrum when told no. The ABC form did not document the time the incident occurred or the intervention staff used to redirect the behavior. - 3/21/11: Individual #1 continually refused to take his medication by "ignoring me and doing other	{W 252}		

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{W 252}	Continued From page 51 things." The form further stated Individual #1 "just kept refusing didn't talk to me just kept giving me reasons why he shouldn't take his meds [sic]." It further stated when Individual #1 did go in to take his medications he grabbed medication cups, filled them up, and dumped them on the floor. The ABC form did not document the time the behavior occurred or the sequence of events that took place during the behavior, including the interventions used by staff. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the data collection was not sufficient or comprehensive. d. Individual #3's IPP, dated 2/11, documented a 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder, ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder. Individual #3's PBSP, dated 2/11 documented she engaged in the following: - Angry emotional outbursts (defined as acting in an aggressive manor toward staff and peers including yelling, swearing, threatening, throwing objects, invading personal space, and attempting to or hitting others) - Task avoidance (defined as refusing to comply with tasks on her active treatment schedule by ignoring, refusal, and isolation in her room) - Inappropriate boundaries (defined as making inappropriate comments towards peers and staff, touching others without permission, touching others in inappropriate ways, making sexual	{W 252}		

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{W 252}	Continued From page 52 gestures, and showing inappropriate clothing or body parts to staff and peers) - Property damage (defined as kicking walls and door, tearing blinds, and destroying screens) - Difficulty falling asleep and staying asleep (defined as having trouble falling asleep due to worry and anxiety or waking up in the night due to nightmares) - Running away (defined as running away from staff by running out the front door, going out her window, and running out of the car) The data collected on Individual #3's ABC forms was not sufficient. Examples included, but were not limited to, the following: - 3/14/11: Individual #3 was prompted to get up for school and she refused and cursed at staff. She also refused her medication until 15 minutes before school. The form also stated staff tried to talk to Individual #3 and she ignored them until they turned her attention to her birthday, at which point she got up. The ABC form did not document the time the behavior occurred or the progression of staff interventions in response to Individual #3's behavior. - 3/21/11: Individual #3 continually grabbed staff's hat and ripped the "pom pom" off of the top. "Also, while staff was passing meds, [Individual #3] kept going in the med room and bothering him." The ABC from did not document the time the behavior occurred, nor did it document the	{W 252}		

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{W 252}	Continued From page 53 progression of events that occurred. - 3/21/11: Individual #3 was asked to place her dinner plate and dessert plate in the dishwasher. She told staff "no" in a "stern voice" and "walked away." The ABC form did not document the time the incident took place, what interventions staff used, or if the interventions were effective. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the data collection was not sufficient or comprehensive. The facility failed to ensure data collected for individuals' maladaptive behaviors provided sufficient information to adequately assess the efficacy of the intervention strategies.	{W 252}		
{W 262}	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only with the approval of the human rights committee for 2 of 4 individuals (Individuals #1 and #2) whose restrictive interventions were reviewed. This resulted in a lack of protection of individuals' rights through prior approvals of restrictive	{W 262}		

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{W 262}	Continued From page 54 interventions. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. a. Individual #2's PBSP, dated 3/11, stated he required close proximity one-to-one supervision during waking hours due to his behavioral needs. The facility's Hierarchy of Behavioral Interventions policy, undated, stated close proximity one-to-one supervision required HRC approval prior to implementation. Individual #2's record did not include documentation of HRC approval for his close proximity one-to-one supervision. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated HRC approval for Individual #2's close proximity one-to-one supervision had not been obtained. b. The school attended by Individual #2 utilized time-out rooms, which were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #2's school Case Manager stated the time-out rooms were used for Individual #2. However, Individual #2's record did not include documentation of HRC approval for the use of time-out rooms. During an interview on 3/23/11 from 10:25 a.m. -	{W 262}		

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{W 262}	Continued From page 55 2:15 p.m., the Administrator stated HRC approval for the use of time-out rooms had not been obtained. The facility failed to ensure HRC approval had been obtained prior to the implementation of close proximity one-to-one supervision and time-out room use for Individual #2. 2. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control. a. Individual #1's PBSP, dated 2/11, stated he required close proximity (two arm's length) one-to-one supervision during waking hours due to his behavioral needs. However, his record did not contain documentation of HRC approval for the use of one-to-one supervision. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., HRC approval for Individual #1's close proximity one-to-one supervision had not been obtained. b. The school attended by Individual #1 utilized time-out rooms, which were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #1's teacher stated the time-out rooms were used for Individual #1.	{W 262}		

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{W 262}	Continued From page 56 However, Individual #1's record did not include documentation of HRC approval for the use of time-out rooms. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., HRC approval for the use of time-out rooms for Individual #1 had not been obtained. The facility failed to ensure HRC approval had been obtained prior to the implementation of close proximity one-to-one supervision and time-out room use for Individual #1.	{W 262}		
{W 263}	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only with the written informed consent of the parent/guardian for 2 of 4 individuals (Individuals #1 and #2) whose restrictive interventions were reviewed. This resulted in a lack of protection of individuals' rights through prior consent for restrictive interventions. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. a. Individual #2's PBSP, dated 3/11, stated he	{W 263}		

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{W 263}	Continued From page 57 required close proximity one-to-one supervision during waking hours due to his behavioral needs. The facility's Hierarchy of Behavioral Interventions policy, undated, stated close proximity one-to-one supervision required guardian consent prior to implementation. Individual #2's record did not include documentation of guardian consent for his close proximity one-to-one supervision. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated guardian consent for Individual #2's close proximity one-to-one supervision had not been obtained. b. The school attended by Individual #2 utilized time-out rooms, which were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #2's teacher stated the time-out rooms were used for Individual #2. However, Individual #2's record did not include documentation of guardian consent for the use of time-out rooms. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated guardian consent for the use of the time out room had not been obtained. The facility failed to ensure guardian consent had been obtained prior to the implementation of close proximity one-to-one supervision and	{W 263}		

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{W 263}	Continued From page 58 time-out room use for Individual #2. 2. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control. a. Individual #1's PBSP, dated 2/11, stated he required close proximity (two arm's length) one-to-one supervision during waking hours due to his behavioral needs. However, his record did not contain documentation of guardian consent for the use of one-to-one supervision. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., guardian consent for Individual #1's close proximity one-to-one supervision had not been obtained. b. The school attended by Individual #1 utilized time-out rooms, which were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #1's teacher stated the time-out rooms were used for Individual #1. However, Individual #1's record did not include documentation of guardian consent for the use of time-out rooms. When asked, the Administrator stated during an	{W 263}		

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{W 263}	Continued From page 59 interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., guardian consent for the use of time-out rooms for Individual #1 had not been obtained. The facility failed to ensure guardian consent had been obtained prior to the implementation of close proximity one-to-one supervision and time-out room use for Individual #1.	{W 263}		
{W 266}	483.450 CLIENT BEHAVIOR & FACILITY PRACTICES The facility must ensure that specific client behavior and facility practices requirements are met. This CONDITION is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure techniques used to manage inappropriate behavior were sufficiently developed, consistently implemented, and closely monitored. This failure resulted in individuals not receiving appropriate behavioral services and interventions. The findings include: 1. Refer to W214 as it relates to the facility's failure to ensure behavioral assessments were current, comprehensive, and accurately identified individuals' behavioral needs. 2. Refer to W227 as it relates to the facility's failure to ensure individuals' IPPs included objectives to meet their behavioral needs. 3. Refer to W237 as it relates to the facility's failure to ensure individuals' training programs specified the type and frequency of data to be	{W 266}		

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{W 266}	Continued From page 60 collected. 4. Refer to W239 as it relates to the facility's failure to ensure appropriate replacement behaviors were identified and incorporated into individuals' behavior intervention programs. 5. Refer to W252 as it relates to the facility's failure to ensure data was collected sufficiently to determine the efficacy of behavior intervention strategies. 6. Refer to W276 as it relates to the facility's failure to ensure the behavior policy specified all approved interventions to manage individuals' maladaptive behaviors. 7. Refer to W277 as it relates to the facility's failure to ensure behavioral interventions were designated in a hierarchy to be implemented, ranging from least intrusive to most intrusive. 8. Refer to W279 as it relates to the facility's failure to ensure the behavior policy addressed the use of time-out rooms. 9. Refer to W285 as it relates to the facility's failure to ensure behavioral interventions were implemented with sufficient safeguards to protect individuals' rights and physical safety. 10. Refer to W289 as it relates to the facility's failure to ensure techniques used to manage inappropriate behavior were sufficiently defined and incorporated into individuals' program plans. 11. Refer to W291 as it relates to the facility's failure to ensure visual contact could be maintained at all times for individuals inside	{W 266}		

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{W 266}	Continued From page 61 time-out rooms.	{W 266}		
W 276	483.450(b)(1)(i) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Policies and procedures that govern the management of inappropriate client behavior must specify all facility approved interventions to manage inappropriate client behavior. This STANDARD is not met as evidenced by: Based on observation, review of the facility's policies and procedures, and staff interview it was determined the facility failed to ensure the behavior policy included all interventions used to manage maladaptive behavior which impacted 2 of 4 individuals (Individuals #1 and #2) reviewed, and had the potential to impact all individuals attending schools where time out rooms were in use. This resulted in individuals being secluded in time out rooms without appropriate approvals. The findings include: 1. Refer to W279 as it relates to the facility's failure to ensure policies and procedures addressed all interventions being used, including time-out rooms.	W 276		
W 277	483.450(b)(1)(ii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must designate these interventions on a hierarchy to be implemented, ranging from most positive or least intrusive, to least positive or most intrusive. This STANDARD is not met as evidenced by: Based on observation, review of the facility	W 277		

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W 277	Continued From page 62 policies and procedures, and staff interview it was determined the facility failed to ensure the behavior policy included all positive and intrusive behavior interventions on a hierarchy ranging from most positive to most intrusive. This directly impacted 2 of 4 individuals (Individuals #1 and #2) reviewed, and had the potential to impact all individuals attending schools where time out rooms were in use. This resulted in time out rooms being used without the necessary facility approvals. The findings include: 1. During visits to the school attended by Individuals #1 and #2, on 3/22/11 from 11:10 a.m. - 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were observed. Both rooms were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #1 and Individual #2's school Case Managers both stated the time-out rooms were used for Individual #1 and Individual #2. The facility's Hierarchy of Behavioral Interventions policy, undated, divided behavioral interventions into a level system from 1 to 4, with Level 1 being the least restrictive and Level 4 being the most restrictive. Level 3 and Level 4 interventions required HRC approval and guardian consent prior to implementation. The Level 3 interventions included a definition of "Time-out (exclusionary/physical) A procedure in which a resident is removed, using verbal	W 277		

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W 277	Continued From page 63 prompts and light physical assistance, from a reinforcing setting into a setting with lower reinforcing value, but not a time-out room, in order to decrease or eliminate an undesirable behavior." However, the policy did not include any information regarding the use of time-out rooms and where the intervention would fall in the behavioral hierarchy. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated time-out rooms were not included in the policy's hierarchy. The Administrator stated the policy needed to be revised. The facility failed to ensure the time-out rooms used for Individual #1 and Individual #2 were included in the behavioral hierarchy.	W 277		
W 279	483.450(b)(1)(iv)(A) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must address the use of time-out rooms. This STANDARD is not met as evidenced by: Based on observation, review of the facility's policies and procedures, and staff interview it was determined the facility failed to ensure the behavior policy addressed the use of time-out rooms. This directly impacted 2 of 4 individuals (Individuals #1 and #2) reviewed, and had the potential to impact all individuals attending schools where time out rooms were in use. This resulted in a lack of procedures being developed and implemented related to the use of time-out rooms. The findings include:	W 279		

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W 279	Continued From page 64 1. During visits to the school attended by Individuals #1 and #2, on 3/22/11 from 11:10 a.m. - 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were observed. Both rooms were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #1 and Individual #2's school Case Managers both stated the time-out rooms were used for Individual #1 and Individual #2. The facility's Hierarchy of Behavioral Interventions policy, undated, included a definition of "Time-out (exclusionary/physical) A procedure in which a resident is removed, using verbal prompts and light physical assistance, from a reinforcing setting into a setting with lower reinforcing value, but not a time-out room, in order to decrease or eliminate an undesirable behavior." The policy did not include any additional information regarding time-out rooms or their use. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated time-out rooms were not included in the policy as an approved intervention. The Administrator stated the policy needed to be revised. The facility failed to ensure the time-out rooms used for Individual #1 and Individual #2 were included as an approved intervention in the facility's policy.	W 279		
W 285	483.450(b)(2) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR	W 285		

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W 285	Continued From page 65 Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected. This STANDARD is not met as evidenced by: Based on observation, record review and staff interviews, it was determined the facility failed to ensure techniques to manage inappropriate behavior were employed with sufficient safeguards and supervision to ensure the safety, welfare and civil and human rights for 2 of 4 individuals (Individuals #1 and #2) whose restrictive interventions were reviewed. This resulted in a lack of adequate protections related to individuals' rights and physical safety. The findings include: 1. During visits to the school attended by Individuals #1 and #2, on 3/22/11 from 11:10 a.m. - 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were assessed. Both rooms were noted to be approximately 7 feet wide and 9 feet deep. Each room had a door offset to one side. The door contained a window that was approximately 5 inches wide by 18 inches high. A paper cover was attached to the door which could be placed over the window. The interior walls of both rooms were padded, as was the inside of the door. The doors opened outward, but could be held shut with the use of magnetic locking systems activated by a button on the outside wall of each room. Staff would engage the locking system by maintaining physical contact with the button.	W 285		

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W 285	Continued From page 66 It was noted that, once inside the room with the door shut, an individual could stand in the corner to one side of the door and not be seen through the window. Additionally, when lying on the floor in front of the door, it would not be possible to observe the individual's hands, face, or portions of the body that were against the door. With the door shut it, it was not be possible to maintain visual contact and ensure the safety of the individual inside the room. During an interview on 3/25/11 from 10:00 - 10:15 a.m., the school principal stated there were no written policies with regards to entering the time-out room if visual contact could not be maintained with the individual inside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #1 and Individual #2's school Case Managers both stated the time-out rooms were used for Individual #1 and Individual #2. The school utilized a Daily Tracking Form to provide documentation to the facility regarding individuals' usage of the rooms. Individual #2's Daily Tracking Forms for an 11 day period in 3/11 were reviewed and documented he voluntarily went into the time-out room 7 times and was placed in the time-out room 28 times. Individual #1's Daily Tracking Forms for a 12 day period in 3/11 were reviewed and documented he was placed in the time-out room 13 times. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated she was aware the time-out rooms were in use and had seen the rooms. The Administrator stated she	W 285		

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W 285	Continued From page 67 was aware the rooms did not meet regulatory requirements. The facility failed to ensure sufficient safeguards were developed related to the use of time-out rooms to ensure Individual #1 and Individual #2's rights and physical safety were protected.	W 285		
{W 289}	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure techniques used to manage inappropriate behavior were sufficiently defined and incorporated into the program plans for 4 of 4 individuals (Individuals #1 - #4) whose PBSPs were reviewed. This resulted in a lack of appropriate interventions being in place to ensure individuals' behavioral needs were met. The findings include: 1. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control. Individual #1's programs to manage inappropriate behavior and to teach appropriate replacement behaviors did not provided sufficient instructions to staff as follows:	{W 289}		

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{W 289}	Continued From page 68 a. Individual #1's PBSP, dated 2/11, contained an objective to reduce his instances of sexually inappropriate behavior (defined as making sexual comments or gestures toward others, exposing himself, or doing sexual acts in public). The instructions to staff consisted of one line which stated staff were not to give extra attention or approval to Individual #1 if he engaged in inappropriate sexually behavior. However, the instructions were not sufficient to indicate how staff were to intervene if Individual #1 engaged in inappropriate sexual behavior. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised. b. Individual #1's PBSP, dated 2/11, contained an objective to decrease instances of verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments or gestures to staff or peers). The instructions to staff stated once Individual #1 engaged in verbal aggression, staff were to redirect him to his room or another calm area and if he corrected his behavior, they were to immediately praise him. However, there were no instructions to staff on how to intervene if Individual #1 did not correct his behavior. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised. c. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for verbal aggression/intimidation which stated "[Individual	{W 289}		

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{W 289}	Continued From page 69 #1] will calmly refuse an unpreferred [sic] task in 50% of trials for 3 consecutive months." The plan stated "staff should have a goal set that [Individual #1] is working toward that is meaningful for him that is tied to respectful speech." The plan did not include information regarding what an appropriate goal was, what was meaningful to Individual #1, or what respectful speech meant. The plan also stated staff were to increase the rate of positive reinforcement for positive behavior when Individual #1 became over-stimulated. The plan did not include information regarding what behaviors Individual #1 displayed when he was over-stimulated or what was reinforcing to Individual #1. The plan stated staff were to "remind [Individual #1] before a non-preferred task that he can refuse if he uses nice words" and to "Praise [Individual #1] when he respectfully refuses tasks." The plan did not include instructions to staff regarding what non-preferred activities were, what "nice words" were or if the staff were to allow Individual #1 to escape the non-preferred task if he used "nice words." When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #1's replacement behaviors needed to be revised. d. Individual #1's PBSP, dated 2/11, contained an objective to decrease physical aggression (defined as throwing things at staff, hitting, kicking, and biting when asked to do something he doesn't want to do). The instructions to staff	{W 289}		

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{W 289}	Continued From page 70	{W 289}		

stated if "[Individual #1's] behaviors present an immediate risk to himself or others, staff will manually restrain him using the CPI Team Restraint until he no longer poses a threat to himself or others. The restraint is to be removed as soon as [Individual #1] is no longer presenting an immediate threat." However, the instructions did not clearly define what was considered an "immediate threat."

When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised to clearly define when Individual #1 should be placed into and released from the restraint.

e. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for physical aggression which stated "[Individual #1] will talk to staff about his feelings in 50% of trials per month for 3 consecutive months."

The plan stated staff were to be available to Individual #1 and reassure him if he displayed anxiety. The plan did not include instructions to staff regarding what behaviors Individual #1 displayed when he was anxious.

The plan also stated staff were to use "strong verbal interventions" with Individual #1. However, the plan did not include what "strong verbal interventions" were.

Further, the plan stated staff were to talk to Individual #1 about his feelings during the day. The plan did not included when staff were to talk to him (e.g. specific times, only when he was anxious, prior to every task, etc.) or what staff were to do when Individual #1 expressed his

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{W 289}	Continued From page 71 feelings (e.g. how to respond if Individual #1 expressed anxiety, fear, joy, sadness, etc.). When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #1's replacement behaviors needed to be revised. f. Individual #1's PBSP, dated 2/11, contained an objective to decrease property destruction (defined as breaking personal and facility property including breaking windows, punching or kicking walls, destroying his dresser). The instructions to staff stated staff were to place Individual #1 in a CPI team restraint if his safety or the safety of others ever came into question. However, the instructions did not clearly define when he should be placed in and released from the restraint. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised to clearly define when Individual #1 should be placed into and released from the restraint. g. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for property damage which stated "[Individual #1] will identify an appropriate response to frustration out of a choice of 2 options presented to him by staff while he is calm in 50% of trials per month for 3 consecutive months." The plan stated when Individual #1 became over-stimulated, staff were to assist him to find an area in which to calm down. The plan did not include information regarding what behaviors Individual #1 displayed when he was over-stimulated.	{W 289}		

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{W 289}	Continued From page 72 The plan also stated staff were to read him a story about a child who was frustrated and give him 2 choices of how to respond. The plan did not include information regarding where the story was located, if there was more than one story available to Individual #1, or when the story was to be read to Individual #1 (e.g., only when he was over-stimulated, at specific times during the day, etc.) When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #1's replacement behaviors needed to be revised. h. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for task avoidance which stated "[Individual #1] will state why it is important to wear clothes that are in line with the school uniform to school in 50% of trials per month." The plan stated staff were to "explain why it is important for [Individual #1] to wear clothes that are in line with the school uniform in simple easy to understand terms." The plan did not include the specific reason why following the school dress code was important (e.g. consequences of potential expulsion, simply because it was a rule, etc.). Additionally, the plan did not include instructions to staff regarding when Individual #1 was to explain why it was important to wear clothes in accordance with the school dress code as stated in his objective. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #1's	{W 289}		

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{W 289}	Continued From page 73 replacement behaviors needed to be revised. i. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for physical intimidation and tantrums which stated "[Individual #1] will ask for a break during a non-preferred task in 50% of trials per month for 3 consecutive months." The plan stated staff were to be available to Individual #1 and reassure him if he displayed anxiety. The plan did not include instructions to staff regarding what behaviors Individual #1 displayed when he was anxious. The plan also stated staff were to use "strong verbal interventions" with Individual #1. However, the plan did not include what "strong verbal interventions" were. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #1's replacement behaviors needed to be revised. The facility failed to ensure systematic interventions to manage inappropriate behavior and to teach appropriate replacement behaviors were incorporated into Individual #1's plans. 2. Individual #3's IPP, dated 2/11, documented a 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder, ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder. Individual #3's programs to manage inappropriate behavior and to teach appropriate replacement behaviors did not provided sufficient instructions	{W 289}		

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{W 289}	Continued From page 74 to staff as follows: a. Individual #3's PBSP, dated 2/11, contained an objective for decreasing task avoidance (defined as refusing to comply with tasks on her active treatment schedule by ignoring, refusal, and isolation in her room). The instructions to staff stated if Individual #3 refused to move to the next task, she was to be told that she needed to stay in her room until she was ready to complete the request. However, it was not clear how staff were to run the intervention if Individual #3 was avoiding a task or request by isolating in her bedroom. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the definition of task avoidance needed to be revised. b. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for task avoidance which stated "[Individual #3] will identify a positive way that her positive behavior effects her environment when presented with a scenario by staff in 70% of trials per month for 3 consecutive months." The plan stated staff were to "talk to [Individual #3] about her day and her emotions daily before she begins to display inappropriate behaviors." The plan did not include instructions to staff regarding how they were to anticipate Individual #3's inappropriate behaviors or what inappropriate behaviors meant. The plan further stated she was to receive high rates of reinforcement and attention for positive	{W 289}		

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{W 289}	Continued From page 75 behavior. The plan did not include information related to what "high" levels were, what was reinforcing to Individual #3 or what positive behaviors she displayed. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. c. Individual #3's PBSP, dated 2/11, contained an objective for decreasing angry emotional outbursts (defined as acting in an aggressive manor toward staff and peers including yelling, swearing, threatening, throwing objects, invading personal space, and attempting to or hitting others). The instructions to staff stated if "[Individual #3's] behaviors present an immediate risk to herself or others, staff will manually restrain her using the CPI Team Restraint until he [sic] no longer poses a threat to himself [sic] or others. The restraint is to be removed as soon as she is no longer presenting an immediate threat." However, the instructions did not clearly define what was considered an "immediate threat." When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised to clearly define when Individual #3 should be placed into and released from the restraint. d. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for angry emotional outburst which stated "[Individual #3] will tell staff verbally what she wants 50% of trials per month for 3 consecutive months." The plan stated staff were to "talk to [Individual	{W 289}		

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{W 289}	Continued From page 76 #3] about her day and her emotions daily before she begins to display inappropriate behaviors." The plan did not include instructions to staff regarding how they were to anticipate Individual #3's inappropriate behaviors or what inappropriate behaviors meant. The plan further stated staff were to provide continuos supervision to monitor her emotional status. The plan did not include information related to what behaviors Individual #3 displayed to indicate her emotional status or how to intervene based on the behaviors she displayed. The plan also stated staff were to praise Individual #3 when she told them what she wanted or did not want to do. However, the plan did not include instructions to staff regarding how to respond (i.e. allow her to escape things she did not want to do, allow her to engage in things she did want to do, etc.). Additionally, the plan did not include instructions to staff regarding what to do if Individual #3 did not tell them what she wanted or did not want to do. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. e. Individual #3's PBSP, dated 2/11, contained an objective for decreasing incidents of inappropriate boundaries (defined as making inappropriate comments towards peers and staff, touching others without permission, touching others in inappropriate ways, making sexual gestures, and showing inappropriate clothing or body parts to staff and peers).	{W 289}		

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{W 289}	Continued From page 77 However, the instructions to staff did not clearly define how staff were to intervene if Individual #3 exhibited inappropriate boundaries while in the community. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised. f. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for inappropriate boundaries which stated "[Individual #3] will identify appropriate ways to get attention in 90% of trials per month for 3 consecutive months." The plan stated staff were to "maintain appropriate physical boundaries with [Individual #3] at all times." However, the plan did not include information regarding what "appropriate physical boundaries meant (e.g. arm's length distance, side hugs only, etc.). When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. g. Individual #3's PBSP, dated 2/11, contained an objective for decreasing incidents of property destruction (defined as kicking walls and door, tearing blinds, and destroying screens). The instructions to staff stated if "[Individual #3's] behaviors present an immediate risk to herself or others, staff will manually restrain her using the CPI Team Restraint until he [sic] no longer poses a threat to himself [sic] or others. The restraint is to be removed as soon as she is no longer presenting an immediate threat." However, the instructions did not clearly define what was	{W 289}		

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{W 289}	Continued From page 78 considered an "immediate threat." When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised to clearly define when Individual #3 should be placed into and released from the restraint. h. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for property destruction which stated "[Individual #3] will seek attention though positive ways identified by her through Replacement Objective #2 in 75% of trials per month for 3 consecutive months." Her "Replacement Objective #2" stated "[Individual #3] will identify a positive way that her positive behavior effects her environment when presented with a scenario by staff in 70% of trials per month for 3 consecutive months." The plan stated staff were to "maintain appropriate physical boundaries with [Individual #3] at all times." However, the plan did not include informations regarding what "appropriate physical boundaries meant (e.g. arm's length distance, side hugs only, etc.). When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. i. Individual #3's PBSP, dated 2/11, contained an objective for decreasing instances of false allegations (defined as falsely accusing and threatening to accuse others of sexual abuse). The instructions to staff did not clearly define appropriate interventions for staff to follow if Individual #3 engaged in making false	{W 289}		

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{W 289}	Continued From page 79 accusations. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised. j. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for making false accusations which stated "[Individual #3] will show respect for staff by speaking respectfully to them in 70% of trials for 3 consecutive months." The plan did not include instructions to staff regarding what "respectful" meant or how to teach Individual #3 to speak to staff respectfully. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. k. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for difficulty falling asleep which stated "[Individual #3] will engage in her bed time routine in 80% of trials for 6 consecutive months." However, the instructions to staff for the replacement behavior did not provide Individual #3's bed time routine. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. l. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for running away which stated "[Individual #3] will talk to staff about	{W 289}		

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{W 289}	Continued From page 80 her feelings in 70% of trials for 3 consecutive months." The plan stated staff were to speak to Individual #3 about her feeling during her nightly hygiene routine. However, the plan did not include instructions to staff regarding how to respond if Individual #3 refused to talk about her feelings or how to respond if Individual #3 did talk about her feelings (e.g. how to respond if she expressed anger, frustrations, joy, etc.) When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. 3. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. Individual #2's programs to manage inappropriate behavior and to teach appropriate replacement behaviors did not provided sufficient instructions to staff as follows: a. Individual #2's PBSP, dated 3/11, stated he engaged in physical aggression (defined as hitting, kicking, and/or spitting on others with intent to harm). Individual #2's Functional Behavior Assessment, dated 3/11, stated the function of the behavior was to get attention from a particular staff but it would also occur if he was over-stimulated. However, his PBSP did not include directions to staff regarding how to engage Individual #2 in appropriate attention seeking or redirection from over-stimulating situations prior to engaging in the maladaptive behavior.	{W 289}		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF OEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 289}	Continued From page 81 b. Individual #2's PBSP stated he engaged in teasing or provoking others (defined as poking, yelling at, and/or any other action directed at the other residents or staff with the intent of getting the other resident or staff to react in a negative manor). Individual #2's Functional Behavior Assessment stated the function of the behavior was to gain attention and he enjoyed provoking others. However, his PBSP did not include directions to staff regarding how to engage Individual #2 in appropriate attention seeking or redirection from provoking others prior to engaging in the maladaptive behavior. c. Individual #2's PBSP stated he engaged in tantrums (defined as falling to the ground kicking and screaming). Individual #2's Functional Behavior Assessment stated the function of the behavior was to get something he wanted. However, his PBSP did not include directions to staff regarding how to engage Individual #2 in obtaining wanted items without engaging in the maladaptive behavior. d. Individual #2's PBSP stated he engaged in sexually inappropriate behaviors (defined as touching or grabbing women's chests or making sexually inappropriate comments or gestures). Individual #2's Functional Behavior Assessment stated the function of the behavior was to get attention and appeared to have a "hormonal function."	{W 289}		

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{W 289}	Continued From page 82 However, his PBSP did not include directions to staff regarding how to engage Individual #2 in gaining attention appropriately without engaging in the maladaptive behavior, or what to do to address the "hormonal function" of the behavior. e. Individual #2's PBSP stated he engaged in self injurious behaviors (defined as biting his lip to make it bleed, pinching himself, or hitting himself). Individual #2's Functional Behavior Assessment stated the function of the behavior was to get attention from staff and to "show staff how angry he is." However, his PBSP did not include directions to staff regarding how to engage Individual #2 in appropriate attention seeking or expression of anger prior to engaging in the maladaptive behavior. f. Individual #2's PBSP, dated 3/11, included a replacement behavior objective for physical aggression towards others, teasing/provoking others, tantrums, sexually inappropriate behaviors, and self injurious behaviors which stated "Given direct verbal prompts, [Individual #2] will appropriately initiate an interaction with another resident (by verbally interacting without using derogatory or offensive language) in 60% of trials per month for 3 consecutive months." The plan stated staff would redirect Individual #2 from over-stimulating environments. However, the plan did not include information related to what an over-stimulating environment was.	{W 289}		

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{W 289}	Continued From page 83 The plan stated staff were to verbally prompt Individual #2 to initiate an interaction with another individual by asking if they wanted to play with him. Staff were to then verbally praise him for initiating an interaction appropriately. The plan did not include instructions to staff regarding what to do if Individual #2 did not initiate an appropriate interaction. g. Individual #2's PBSP stated he engaged in verbal assault to staff (defined as treating staff with harm, and yelling or cursing at staff or other residents). Individual #2's Functional Behavior Assessment stated the function of the behavior was to avoid undesirable tasks or to avoid particular situations. However, the PBSP did not include directions to staff regarding how to engage Individual #2 in the undesirable task or to avoid tasks without engaging in verbal assault. h. Individual #2's PBSP stated he engaged in task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks). Individual #2's Functional Behavior Assessment stated the function of the behavior was task avoidance but "it has a greater function of irritating the staff which he enjoys." However, the PBSP did not include directions to staff regarding how to engage Individual #2 in the task he was trying to avoid without engaging in the maladaptive behavior. i. Individual #2's PBSP included a replacement objective for verbal assault to staff and task	{W 289}		

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{W 289}	Continued From page 84 avoidance/defiance which stated "Given 2 direct verbal prompts or less, [Individual #2] will respectfully refuse an unwanted task in 60% of trials per week for 3 consecutive months." An additional replacement for task avoidance/defiance stated "Given a direct verbal prompt or less, [Individual #2] will engage in positive activities that he enjoys during his free time (like fishing, gardening etc) [sic] in 80% of trials per month for 3 consecutive months." The plan stated staff were to choose a non-preferred task for the day to prompt Individual #2 to refuse respectfully. However the plan did not include information regarding what tasks were non-preferred for Individual #2. j. Individual #2's PBSP stated he engaged in property destruction (defined as destroying his personal items or property of the facility by punching or kicking walls, doors, or his dresser). Individual #2's Functional Behavior Assessment stated the function of the behavior was to "release his negative emotional energy." However, the PBSP did not include directions to staff regarding how to engage Individual #2 in release of negative emotional energy prior to engaging in the maladaptive behavior. k. Individual #2's PBSP stated he engaged in running from staff (defined as trying to avoid supervision from staff). His Functional Behavior Assessment stated the function of the behavior was to irritate and provoke staff. However, the PBSP did not include directions to staff regarding how to engage Individual #2 in	{W 289}		

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{W 289}	Continued From page 85 interacting with staff without engaging in the maladaptive behavior. I. Individual #2's PBSP included a replacement objective for running from staff which stated "Given a direct verbal prompt or less, [Individual #2] will engage in positive activities that he enjoys during his free time (like fishing, gardening etc) [sic] in 80% of trials per month for 3 consecutive months." The plan stated staff were to help Individual #2 avoid over-stimulating environments. However, the plan did not include information regarding what an over-stimulating environment was. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #2's replacement behaviors were not sufficiently developed and needed to be revised and the directions to staff were not sufficient in Individual #2's PBSP and needed to be revised. 4. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay. Individual #4's programs to manage inappropriate behavior and to teach appropriate replacement behaviors did not provided sufficient instructions to staff as follows: a. Individual #4's PBSP stated he engaged in physical aggression towards others (defined as hitting, kicking, and/or spitting on those around him). Individual #4's Functional Behavior Assessment stated the function of the behavior was task avoidance and attention seeking. However, the PBSP did not include directions to staff regarding how to engage Individual #4 in the	{W 289}		

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{W 289}	Continued From page 86 undesired task or seek attention without engaging in the maladaptive behavior. b. Individual #4's PBSP, dated 3/11, included a replacement objective for physical aggression towards others which stated "Given a direct verbal prompt or less, [Individual #4] will ask for a break during a non-preferred task in 50% of trails per month for 3 consecutive months." The plan stated staff were to redirect Individual #4 from over-stimulating environments. However, the plan did not include information related to what an over-stimulating environment was. The plan also stated staff were to prompt Individual #4 to ask for a break during a task, before he expressed frustration. However, the plan did not include information to staff regarding how to anticipate Individual #4's frustration. c. Individual #4's PBSP stated he engaged in verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments to staff or peers). Individual #4's Functional Behavior Assessment stated the function of the behavior was to control his environment. However, the PBSP did not include directions to staff regarding how to engage Individual #4 in adjusting his environment rather than engaging in the maladaptive behavior. d. Individual #4's PBSP stated he engaged in task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks). Individual #4's Functional Behavior Assessment stated the function of the behavior was to avoid tasks and to gain independence.	{W 289}		

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{W 289}	Continued From page 87 However, the PBSP did not include directions to staff regarding how to engage Individual #4 in the undesired task or encourage independence without engaging in the maladaptive behavior. e. Individual #4's PBSP stated he engaged in property destruction (defined as breaking personal and facility property). Individual #4's Functional Behavior Assessment stated the function of the behavior was gain control over his environment and exert his independence. However, his PBSP did not include directions to staff regarding how to engage Individual #4 in controlling his environment or how to encourage independence without engaging in the maladaptive behavior. f. Individual #4's PBSP included a replacement objective for verbal aggression/intimidation, task avoidance/defiance and property destruction which stated "Given 2 direct verbal prompts or less, [Individual #4] will request a change in his schedule in 75% of trials for 3 consecutive months." The plan stated staff were to "have a goal set that [Individual #4] is working toward that is meaningful to him that is tied to respectful speech." The plan did not include information related to how staff were to set a goal, what was meaningful to Individual #4, or what respectful speech meant. The plan also stated staff were to redirect Individual #4 to his bedroom or outside when he	{W 289}		

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{W 289}	Continued From page 88 was becoming over-stimulated in the home. The plan did not include instructions to staff regarding what "over-stimulated" meant for Individual #4. The plan stated he was to receive "an increased rate of positive reinforcement for positive behavior." The plan did not include information related to what "increased rate" meant, what was positive reinforcement for Individual #4, or what "positive behavior" was. The plan stated staff were to review Individual #4's schedule with him in the morning and prompt him to request a schedule change. However, the plan did not include instructions to staff regarding how to respond when Individual #4 requested a schedule change or how to respond if Individual #4 did not want his schedule changed. g. Individual #4's PBSP stated he engaged in tantrums (defined as throwing items around the room, crying uncontrollably, and falling to the ground). Individual #4's Functional Behavior Assessment stated the function of the behavior was to communicate his frustration. However, his PBSP did not include directions to staff regarding how to engage Individual #4 in appropriate communication without engaging in the maladaptive behavior. h. Individual #4's PBSP included a replacement objective for tantrums which stated "given a direct verbal prompt or less, [Individual #4] will talk to staff about his feelings in 50% of trials per month for 3 consecutive months." The plan stated staff were to assist Individual #4 to avoid over-stimulating environments.	{W 289}		

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{W 289}	Continued From page 89 However, the plan did not include information related to what an over-stimulating environment was. The plan also stated staff were to use active listening skills when Individual #4 wanted to talk about his feelings. However, the plan did not include instructions to staff regarding how to respond when Individual #4 expressed different emotions (e.g., how to respond when he expressed anger, fear, sadness, joy, etc.) During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #4's replacement behaviors were not sufficiently developed and needed to be revised and the directions to staff were not sufficient in Individual #4's PBSP and needed to be revised.	{W 289}		
W 291	483.450(c)(1) TIME OUT ROOMS A client may be placed in a room from which egress is prevented only if the following conditions are met: (i) The placement is a part of an approved systematic time-out program as required by paragraph (b) of this section. (Thus, emergency placement of a client into a time-out room is not allowed.) (ii) The client is under the direct constant visual supervision of designated staff. (iii) The door to the room is held shut by staff or by a mechanism requiring constant physical pressure from a staff member to keep the mechanism engaged. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview, it was determined the facility failed to	W 291		

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W 291	Continued From page 90 ensure unauthorized time out procedures were not implemented. This directly impacted 2 of 4 individuals (Individuals #1 and #2) reviewed, and had the potential to impact all individuals attending schools where time-out rooms were in use. This resulted in individuals being placed in time-out rooms where constant visual supervision could not be maintained. The findings include: 1. During visits to the school attended by Individuals #1 and #2, on 3/22/11 from 11:10 a.m. - 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were assessed. Both rooms were noted to be approximately 7 feet wide and 9 feet deep. Each room had a door offset to one side. The door contained a window that was approximately 5 inches wide by 18 inches high. A paper cover was attached to the door which could be placed over the window. The interior walls of both rooms were padded, as was the inside of the door. The doors opened outward, but could be held shut with the use of magnetic locking systems activated by a button on the outside wall of each room. Staff would engage the locking system by maintaining physical contact with the button. It was noted that, once inside the room with the door shut, an individual could stand in the corner to one side of the door and not be seen through the window. Additionally, when lying on the floor in front of the door, it would not be possible to observe the individual's hands, face, or portions of the body that were against the door. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #1 and Individual #2's school Case Managers both stated the time-out rooms were used for Individual #1 and Individual #2. The school	W 291		

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W 291	Continued From page 91 utilized a Daily Tracking Form to provide documentation to the facility regarding individuals' usage of the rooms. The Daily Tracking Form included a line for each period of the school day and columns to track the individual's IEP behavioral goals. Additionally, the Form included a column for "Overall Rating" and a column for "Comments." The school would document "QRS" in the Overall Rating column if the individual voluntarily went into the time-out room or a "QR" if the individual was placed in the time-out room by staff. No additional documentation was provided to the facility by the school. Individual #2's Daily Tracking Forms for an 11 day period in 3/11 were reviewed and documented he voluntarily went into the time-out room 7 times and was placed in the time-out room 28 times. Individual #1's Daily Tracking Forms for a 12 day period in 3/11 were reviewed and documented he was placed in the time-out room 13 times. During an interview on 3/25/11 from 10:00 - 10:15 a.m., the school Principal stated she was not aware there were regulations regarding the use and structure of time-out rooms. The Principal stated there were no written policies with regards to entering the time-out room if visual contact could not be maintained with the individual inside the room. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated she was aware the time-out rooms were in use and had seen the rooms. The Administrator stated she was aware the rooms did not meet regulatory requirements, but did not know it was an issue since the rooms were used at the school and not	W 291		

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W 291	Continued From page 92 at the facility. The facility failed to ensure that time-out rooms used for Individual #1 and Individual #2 were designed such that continual visual observation could be maintained when individuals were inside the rooms.	W 291		
W 406	483.470 PHYSICAL ENVIRONMENT The facility must ensure that specific physical environment requirements are met. This CONDITION is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure the physical environment did not pose a risk to the health and safety of individuals and staff at the facility. This failure resulted in individuals being placed in immediate jeopardy from the potential for individuals and staff to suffer serious harm, impairment, or death due to fire or other emergencies. The findings include: 1. Refer to W438 as it relates to the facility's failure to develop and implement emergency plans necessary ensure the physical safety of individuals and staff.	W 406		
W 438	483.470(h)(1) EMERGENCY PLAN AND PROCEDURES The facility must develop and implement detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing clients. This STANDARD is not met as evidenced by:	W 438		

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W 438	Continued From page 93 Based on observation, interview, and record review it was determined the facility failed to ensure emergency plans were sufficiently developed and implemented necessary to ensure individuals' physical safety. This failure directly impacted 1 of 8 individuals (Individual #5) residing at the facility and had the potential to impact all staff and individuals (Individuals #1 - #8) who entered Individual #5's bedroom. This failure resulted in the potential for individuals and staff to suffer serious harm, impairment, or death from fire or other emergencies. The findings include: 1. Individual #5's 5/10 IPP stated she was a 16 year old female diagnosed with mild mental retardation, mood disorder NOS, pervasive developmental disorder NOS, scoliosis, syringomyelia (damage to the spinal cord due to the formation of a fluid-filled area within the cord), reactive attachment disorder, and convulsions. She had multiple brain surgeries, shunts, rods in her spine and a metal plate in her neck. Individual #5's Occupational Therapy Evaluation, dated 2/15/11, stated she had "significant difficulty manipulating small objects within a limited time frame." The assessment further stated she focused straight ahead and did not turn her head to scan her environment or track a moving object, resulting in her having "very delayed reflexes and responses to actions presented to her..." During a tour of the facility on 3/24/11 at 10:29 a.m., Individual #5's bedroom was observed. Once in the room, Individual #5's bedroom door was shut, closing the RSM and surveyor inside the room. When the RSM attempted to exit the room, the interior door knob came off in her hand.	W 438		

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W 438	Continued From page 94 The RSM was unable to open the door without first having to replace the door knob on the opening mechanism. At that time, the RSM stated the door knob would be replaced that day. Individual #5's bedroom was again observed on 3/25/11 at 9:04 a.m. At that time, it was noted Individual #5's door knob had not been replaced. The lack of an operable door knob, coupled with Individual #5's physical limitations as described in her 2/15/11 Occupational Therapy Evaluation, led to the potential for Individual #5's inability to escape from her bedroom in the event of fire or other emergency. Additionally, any other individual (Individuals #1 - #4 and #6 - #8) or staff who entered Individual #5's bedroom and closed the door, were subjected to the same risks. On 3/25/11 at 10:20 a.m., the RSM stated she was notified about the door knob the previous day and stated it would be fixed. However, she had forgotten about it on 3/24/11 and had stopped by a local store that morning (on 3/25/11) and purchased a replacement door knob. The facility's Emergency Policy and Procedures, undated, did not include environmental inspections or a preventative maintenance program to ensure the physical environment was maintained in order to ensure egress was possible during a fire or other emergency. The facility failed to ensure emergency policies and procedures were sufficiently developed and implemented in order to ensure all primary means of emergency escape were maintained. Note: On 3/25/11 at 10:25 a.m., the Administrator arrived at the facility. The Administrator was then	W 438		

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W 438	Continued From page 95 notified of the immediate jeopardy due to the inoperable door knob on Individual #5's bedroom. The Administrator submitted an immediate plan of correction on 3/25/11 at 10:37 a.m., which stated: "We will have the door knob fixed immediately. All door knobs that are attached to doors that serve as primary exit in case of emergency will be checked and any that are loose will be replaced. This will be completed by 2:00 pm. [sic] 3/25/2011. No residents will be allowed to be in the rooms with effected door knobs with the door shut until they [sic] door knobs have been replaced. The RSM will monitor the facility daily to ensure that all door knobs are functional and that all primary means of escape in case of emergency are operational and accessible. Any door knobs that are not operational will be replaced immediately." On 3/25/11 at 10:45 a.m., the knob on Individual #5's bedroom door was replaced and determined operable and the immediate jeopardy was abated.	W 438		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G078	A. BUILDING _____ B. WING _____	R 03/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

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M 000	16.03.11 Initial Comments The following deficiencies were cited during the follow up survey. The survey was conducted by: Michael Case, LSW, QMRP, Team Leader Barbara Dern, QMRP Taylor Barkley, Facility Fire Safety and Construction Common abbreviations/symbols used in this report are: ABC - Antecedent, Behavior, Consequence ADHD - Attention Deficit Hyperactive Disorder AQMRP - Assistant Qualified Mental Retardation Professional BID - Twice Daily CPI - Crisis Prevention Intervention - a behavioral intervention system which includes physical restraint FAS - Fetal Alcohol Syndrome HRC - Human Rights Committee ICF/MR - Intermediate Care Facility for Persons with Mental Retardation IDT - Interdisciplinary Team IEP - Individual Education Plan IPP - Individual Program Plan NOS - Not Otherwise Specified ODD - Oppositional Defiant Disorder PBSP - Positive Behavior Support Plan PSR - Psychosocial Rehabilitation PTSD - Post Traumatic Stress Disorder QMRP - Qualified Mental Retardation Professional RSM - Resident Service Manger	M 000	See Plan of Corrections RECEIVED APR 15 2011 FACILITY STANDARDS	
MM164	16.03.11.075.04 Development of Plan of Care To Participate in the Development of Plan of Care. The resident must have the opportunity to	MM164		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Admn — (X6) DATE: 4/14/11

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MM164	Continued From page 1	MM164		

participate in his plan of care. Residents must be advised of alternative courses or care and treatment and their consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in deciding on the plan of care. A resident may request, and must be entitled to, representation and assistance by any consenting person of his choice in the planning of his care and treatment.
This Rule is not met as evidenced by:
Based on record review and staff interview, it was determined the facility failed to ensure sufficient information was provided to parents/guardians on which to base consent decisions for 2 of 4 individuals (Individuals #1 and #2) whose written informed consents were reviewed. This resulted in a lack of accurate information being provided to the individuals' guardians on which to base plan of care decisions. The findings include:

1. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control disorder.

a. Individual #1's record indicated he received 1 mg of guanfacine (an antihypertensive drug) twice daily.

His record included a guardian consent, dated 11/20/10, and a verbal HRC consent, dated 3/16/11, which stated Individual #1 received guanfacine for task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) related to ADHD.

However, Individual #1's Medical Plan of Reduction, dated 2/11, stated he received guanfacine for verbal aggression/intimidation

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MM164	Continued From page 2 (defined as yelling, swearing, or making derogative comments or gestures to staff or peers) related to ADHD. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #1 received the guanfacine for verbal aggression/intimidation and the consents provided to the guardian and HRC were not accurate. b. Individual #1's record indicated he received 40 mg of Strattera (a central nervous system drug) daily. His record included a guardian consent, dated 11/20/10, and a verbal HRC consent, dated 3/16/11, which stated he received Strattera for task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) related to ADHD. However, Individual #1's Medical Plan of Reduction, dated 2/11, stated he received Strattera for verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments or gestures to staff or peers) related to ADHD. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #1 received the Strattera for verbal aggression/intimidation and the consents provided to the guardian and HRC were not accurate. The facility failed to ensure Individual #1's consents for guanfacine and Strattera contained accurate information.	MM164		

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MM164	Continued From page 3 2. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. Individual #2's PBSP, dated 3/11, stated he received Abilify (an antipsychotic drug) 15 mg for aggression. However, Individual #2's HRC Approval Request Form, dated 3/15/11, which included guardian consent dated 3/16/11, stated Abilify was for verbal assault. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #2's Abilify was for physical aggression, not verbal assault. The Administrator stated the consent was not informed and needed to be revised. The facility failed to ensure Individual #2's consent for Abilify contained accurate information.	MM164		
{MM194}	16.03.11.075.10(a) Approval of Human Rights Committee Has been reviewed and approved by the facility's human rights committee; and This Rule is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only with the approval of the human rights committee for 2 of 4 individuals (Individuals #1 and #2) whose restrictive interventions were reviewed. This resulted in a lack of protection of individuals' rights through prior approvals of restrictive interventions. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation.	{MM194}		

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{MM194}	Continued From page 4 a. Individual #2's PBSP, dated 3/11, stated he required close proximity one-to-one supervision during waking hours due to his behavioral needs. The facility's Hierarchy of Behavioral Interventions policy, undated, stated close proximity one-to-one supervision required HRC approval prior to implementation. Individual #2's record did not include documentation of HRC approval for his close proximity one-to-one supervision. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated HRC approval for Individual #2's close proximity one-to-one supervision had not been obtained. b. The school attended by Individual #2 utilized time-out rooms, which were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #2's school Case Manager stated the time-out rooms were used for Individual #2. However, Individual #2's record did not include documentation of HRC approval for the use of time-out rooms. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated HRC approval for the use of time-out rooms had not been obtained. The facility failed to ensure HRC approval had	{MM194}		

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{MM194}	Continued From page 5 been obtained prior to the implementation of close proximity one-to-one supervision and time-out room use for Individual #2. 2. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control. a. Individual #1's PBSP, dated 2/11, stated he required close proximity (two arm's length) one-to-one supervision during waking hours due to his behavioral needs. However, his record did not contain documentation of HRC approval for the use of one-to-one supervision. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., HRC approval for Individual #1's close proximity one-to-one supervision had not been obtained. b. The school attended by Individual #1 utilized time-out rooms, which were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #1's teacher stated the time-out rooms were used for Individual #1. However, Individual #1's record did not include documentation of HRC approval for the use of time-out rooms. When asked, the Administrator stated during an	{MM194}		

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{MM194}	Continued From page 6 interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., HRC approval for the use of time-out rooms for Individual #1 had not been obtained. The facility failed to ensure HRC approval had been obtained prior to the implementation of close proximity one-to-one supervision and time-out room use for Individual #1.	{MM194}		
{MM196}	16.03.11.075.10(c) Consent of Parent or Guardian Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and This Rule is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only with the written informed consent of the parent/guardian for 2 of 4 individuals (Individuals #1 and #2) whose restrictive interventions were reviewed. This resulted in a lack of protection of individuals' rights through prior consent for restrictive interventions. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. a. Individual #2's PBSP, dated 3/11, stated he required close proximity one-to-one supervision during waking hours due to his behavioral needs. The facility's Hierarchy of Behavioral Interventions policy, undated, stated close proximity one-to-one supervision required guardian consent prior to implementation. Individual #2's record did not include documentation of guardian consent for his close	{MM196}		

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{MM196}	Continued From page 7 proximity one-to-one supervision. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated guardian consent for Individual #2's close proximity one-to-one supervision had not been obtained. b. The school attended by Individual #2 utilized time-out rooms, which were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #2's teacher stated the time-out rooms were used for Individual #2. However, Individual #2's record did not include documentation of guardian consent for the use of time-out rooms. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated guardian consent for the use of the time out room had not been obtained. The facility failed to ensure guardian consent had been obtained prior to the implementation of close proximity one-to-one supervision and time-out room use for Individual #2. 2. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control. a. Individual #1's PBSP, dated 2/11, stated he required close proximity (two arm's length)	{MM196}		

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{MM196}	Continued From page 8 one-to-one supervision during waking hours due to his behavioral needs. However, his record did not contain documentation of guardian consent for the use of one-to-one supervision. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., guardian consent for Individual #1's close proximity one-to-one supervision had not been obtained. b. The school attended by Individual #1 utilized time-out rooms, which were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #1's teacher stated the time-out rooms were used for Individual #1. However, Individual #1's record did not include documentation of guardian consent for the use of time-out rooms. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., guardian consent for the use of time-out rooms for Individual #1 had not been obtained. The facility failed to ensure guardian consent had been obtained prior to the implementation of close proximity one-to-one supervision and time-out room use for Individual #1.	{MM196}		

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{MM197}	Continued From page 9	{MM197}		
{MM197}	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Based on observation, review of the facility policies and procedures, record review, and staff interview it was determined the facility failed to ensure the methods used modify maladaptive behaviors were sufficiently incorporated into individuals' plans for 2 of 4 individuals (Individuals #1 and #2) reviewed. This resulted in restrictive interventions being used that were not sufficiently incorporated into individuals' written plans. The findings include: 1. During visits to the school attended by Individuals #1 and #2, on 3/22/11 from 11:10 a.m. - 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were assessed. Both rooms were noted to be approximately 7 feet wide and 9 feet deep. Each room had a door offset to one side. The door contained a window that was approximately 5 inches wide by 18 inches high. A paper cover was attached to the door which could be placed over the window. The interior walls of both rooms were padded, as was the inside of the door. The doors opened outward, but could be held shut with the use of magnetic locking systems activated by a button on the outside wall of each room. Staff would engage the locking system by maintaining physical contact with the button. a. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #1 and Individual #2's school Case Managers both stated the time-out rooms were used for Individual #1 and Individual #2.	{MM197}		

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{MM197}	Continued From page 10 Individual #2's Daily Tracking Forms for an 11 day period in 3/11 were reviewed and documented he voluntarily went into the time-out room 7 times and was placed in the time-out room 28 times. Individual #1's Daily Tracking Forms for a 12 day period in 3/11 were reviewed and documented he was placed in the time-out room 13 times. The facility's Hierarchy of Behavioral Interventions policy, undated, divided behavioral interventions into a level system from 1 to 4, with Level 1 being the least restrictive and Level 4 being the most restrictive. Level 3 and Level 4 interventions required HRC approval and guardian consent prior to implementation. The Level 3 interventions included a definition of "Time-out (exclusionary/physical) A procedure in which a resident is removed, using verbal prompts and light physical assistance, from a reinforcing setting into a setting with lower reinforcing value, but not a time-out room, in order to decrease or eliminate an undesirable behavior." However, the policy did not include any information regarding the use of time-out rooms and where the intervention would fall in the behavioral hierarchy. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated time-out rooms were not included in the policy or the policy's hierarchy. The Administrator stated the policy needed to be revised. b. It was noted that, once inside the room with the door shut, an individual could stand in the corner to one side of the door and not be seen through the window. Additionally, when lying on	{MM197}		

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{MM197}	Continued From page 11 the floor in front of the door, it would not be possible to observe the individual's hands, face, or portions of the body that were against the door. During an interview on 3/25/11 from 10:00 - 10:15 a.m., the school Principal stated she was not aware there were regulations regarding the use and structure of time-out rooms. The Principal stated there were no written policies with regards to entering the time-out room if visual contact could not be maintained with the individual inside the room. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated she was aware the time-out rooms were in use and had seen the rooms. The Administrator stated she was aware the rooms did not meet regulatory requirements, but did not know it was an issue since the rooms were used at the school and not at the facility. The facility failed to ensure that time-out rooms used for Individual #1 and Individual #2 were designed such that continual visual observation could be maintained when individuals were inside the rooms.	{MM197}		
MM334	16.03.11.110.04 Emergency Plans Emergency Plans for Protection and Evacuation of Residents. In cooperation with the local fire authority, the administrator must develop a prearranged written plan for employee response for protection of residents and for orderly evacuation of residents in case of an emergency. This Rule is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure emergency plans were sufficiently	MM334		

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MM334	Continued From page 12 developed and implemented necessary to ensure individuals' physical safety. This failure directly impacted 1 of 8 individuals (Individual #5) residing at the facility and had the potential to impact all staff and individuals (Individuals #1 - #8) who entered Individual #5's bedroom. This failure resulted in the potential for individuals to suffer serious harm, impairment, or death from fire or other emergencies. The findings include: 1. Individual #5's 5/10 IPP stated she was a 16 year old female diagnosed with mild mental retardation, mood disorder NOS, pervasive developmental disorder NOS, scoliosis, syringomyelia (damage to the spinal cord due to the formation of a fluid-filled area within the cord), reactive attachment disorder, and convulsions. She had multiple brain surgeries, shunts, rods in her spine and a metal plate in her neck. Individual #5's Occupational Therapy Evaluation, dated 2/15/11, stated she had "significant difficulty manipulating small objects within a limited time frame." The assessment further stated she focused straight ahead and did not turn her head to scan her environment or track a moving object, resulting in her having "very delayed reflexes and responses to actions presented to her..." During a tour of the facility on 3/24/11 at 10:29 a.m., Individual #5's bedroom was observed. Once in the room, Individual #5's bedroom door was shut, closing the RSM and surveyor inside the room. When the RSM attempted to exit the room, the interior door knob came off in her hand. The RSM was unable to open the door without first having to replace the door knob on the opening mechanism. At that time, the RSM stated the door knob would be replaced that day.	MM334		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM334	Continued From page 13 Individual #5's bedroom was again observed on 3/25/11 at 9:04 a.m. At that time, it was noted Individual #5's door knob had not been replaced. The lack of an operable door knob, coupled with Individual #5's physical limitations as described in her 2/15/11 Occupational Therapy Evaluation, led to the potential for Individual #5's inability to escape from her bedroom in the event of fire or other emergency. Additionally, any other individuals (Individuals #1 - #4 and #6 - #8) or staff who entered Individual #5's bedroom and closed the door, were subjected to the same risks. On 3/25/11 at 10:20 a.m., the RSM stated she was notified about the door knob the previous day and stated it would be fixed. However, she had forgotten about it on 3/24/11 and had stopped by a local store that morning (on 3/25/11) and purchased a replacement door knob. The facility's Emergency Policy and Procedures, undated, did not include environmental inspections or a preventative maintenance program to ensure the physical environment was maintained in order to ensure egress was possible during a fire or other emergency. The facility failed to ensure emergency policies and procedures were sufficiently developed and implemented in order to ensure all primary means of emergency escape were maintained. Note: On 3/25/11 at 10:25 a.m., the Administrator arrived at the facility. The Administrator was then notified of the immediate jeopardy due to the inoperable door knob on Individual #5's bedroom. The Administrator submitted an immediate plan of correction on 3/25/11 at 10:37 a.m., which	MM334		

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	13G078	A. BUILDING _____ B. WING _____	R 03/28/2011

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HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

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MM334	Continued From page 14 stated: "We will have the door knob fixed immediately. All door knobs that are attached to doors that serve as primary exit in case of emergency will be checked and any that are loose will be replaced. This will be completed by 2:00 pm. [sic] 3/25/2011. No residents will be allowed to be in the rooms with effected door knobs with the door shut until they [sic] door knobs have been replaced. The RSM will monitor the facility daily to ensure that all door knobs are functional and that all primary means of escape in case of emergency are operational and accessible. Any door knobs that are not operational will be replaced immediately." On 3/25/11 at 10:45 a.m., the knob on Individual #5's bedroom door was replaced and determined operable and the immediate jeopardy was abated.	MM334		
MM513	16.03.11.200.01 Governing Body Each facility will be organized and administered under one authority which may be a proprietorship, partnership, association, corporation, or governmental unit. If administered by other than a single owner or partnership, the facility will have a governing board which assumes full legal responsibility for the overall conduct of the facility and for full compliance with these rules. This Rule is not met as evidenced by: Based on record review and staff interviews, it was determined the facility's governing body failed to take actions that identified and resolved systematic problems for the individuals residing at the facility. This failure directly impacted 4 of 4 individuals reviewed (Individuals #1 - #4), and	MM513		

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MM513	Continued From page 15 had the potential to negatively impact 8 of 8 individuals (Individuals #1 - #8) residing at the facility. This failure resulted in a lack of accurate and comprehensive assessments, appropriate objectives, development and implementation of training programs, and appropriate monitoring of active treatment and behavioral services. The findings include: 1. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies related to restrictive interventions were implemented only with the approval of the human rights committee. The facility was previously cited at M194 during a follow up survey dated 11/17/09 and during a complaint survey dated 2/14/11. 2. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies related to restrictive interventions were implemented only with the written informed consent of the parent/guardian. The facility was previously cited at M196 during a follow up survey dated 11/17/09 and during a complaint survey dated 2/14/11. 3. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies related to methods used modify maladaptive behaviors were sufficiently incorporated into individuals' plans. The facility was previously cited at M197 during a a follow up survey dated 11/17/09, during a recertification survey dated 4/23/10, during a follow up survey dated 6/20/10, and during a complaint survey dated 2/14/11. 4. The governing body failed to provide sufficient operating direction over the facility to ensure	MM513		

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MM513	Continued From page 16 correction of past deficiencies related to practices were implemented that promoted the growth, development, and independence of individuals. The facility was previously cited at M203 during a recertification survey dated 4/23/11, during a follow up survey dated 6/20/11, and during a complaint survey dated 2/14/11. 5. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies related to the QMRP provided sufficient monitoring and coordination. The facility was previously cited at M725 during a recertification survey dated 4/23/10, during a follow up survey dated 6/20/10, and during a complaint survey dated 2/14/11. 6. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies related to individuals' IPPs included objectives to meet their needs. The facility was previously cited at M729 during a recertification survey dated 4/23/10 and during a complaint survey dated 2/14/11. 7. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies related to behavioral assessments contained comprehensive information. The facility was previously cited at M730 during a recertification survey dated 4/23/10 and during a complaint survey dated 2/14/11. 8. The governing body failed to provide sufficient operating direction over the facility to ensure correction of past deficiencies related to techniques used to manage inappropriate behavior were sufficiently defined and incorporated into the program plans. The facility	MM513		

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MM513	Continued From page 17 was previously cited at M855 during a complaint survey dated 2/14/11.	MM513		
MM537	16.03.11.210.01(b) Documentary Evidence Documentary evidence of the resident's progress and of his response to his habilitation program; This Rule is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure data was collected sufficiently to determine the efficacy of the intervention strategies for of 4 of 4 individuals (Individuals #1 - #4) whose behavior data was reviewed. That failure had the potential to impede the ability of the IDT in evaluating the effectiveness of programmatic techniques through review of documentation. The findings include: 1. The facility used an ABC form to record individuals' maladaptive behaviors. Staff were to document "A" what happened before, "B" during, and "C" after the maladaptive behavior. The form had additional space for duration of the behavior. ABC forms for Individuals #1 - #4 were reviewed from 3/9/11 - 3/21/11. The forms did not document sufficient information was collected regarding individuals' maladaptive behaviors to adequately assess the efficacy of the intervention strategies as follows: a. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. Individual #2's PBSP, dated 3/11, stated he engaged in the following: - Physical aggression (defined as hitting, kicking,	MM537		

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MM537	Continued From page 18 and/or spitting on others with intent to harm) - Verbal assault to staff (defined as treating staff with harm, and yelling or cursing at staff or other residents) - Teasing or provoking others (defined as poking, yelling at, and/or any other action directed at the other residents or staff with the intent of getting the other resident or staff to react in a negative manor) - Property destruction (defined as destroying his personal items or property of the facility by punching or kicking walls, doors, or his dresser) - Tantrums (defined as falling to the ground kicking and screaming) - Running from staff (defined as trying to avoid supervision from staff) - Sexually inappropriate behaviors (defined as touching or grabbing women's chests or making sexually inappropriate comments or gestures) - Suicidal ideation (defined as making suicidal threats or gestures) - Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) - Self injurious behaviors (defined as biting his lip to make it bleed, pinching himself, or hitting himself) The data collected on Individual #2's ABC forms was not sufficient. Examples included, but were not limited to, the following: - 3/19/11, time not indicated: "He screamed, cried, threatened me with a log (and) tried to strike me, curseing [sic], hitting. Threatened to sue [facility name], staff, Resident [sic], to kill (and) hurt other Residents (and) to attack staff. Said vulger [sic] words (and) sexual vulger words F, B, S bombs [sic]." Staff documented the behavior happened once and lasted 4 minutes. Staff documented "I put my arm around his (and)	MM537		

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MM537	Continued From page 19 started to redirect him to his room, I tried talking calmy [sic] (and) only stopped him from hitting (and) running back through the gate." The ABC form did not document the sequence of events (i.e., at what point staff intervened and with what intervention), which staff and residents were threatened, which staff were attacked and how, how and who stopped Individual #2 from hitting or how they stopped him from running through the gate. - 3/19/11, time not indicated: "Violent, Horrible, Intense, Loud, Aggressive [sic]. Hitting, Screaming, Spiting, Cursing, Sexual Behavior, Biting [sic]. Threatening, Property Destruction. Hit staff on arms, legs chest. Threatened to kill staff, sue [facility name]. Said the F, B (and) S words along with a number of sexual remerks [sic]. ie go **** ***, * punch window cover, while restrained humped staff legs (and) made sexual remarks." Staff documented "he was given numerous chances to change behavior so he could still have a chance on an outing[sic]. He was told his patients [sic] would get what he wanted. He was asked to stop his behavior, he was redirected to his room several times, he was restrained." Additionally, the form stated Individual #2 was "put in two man restraint till he behaved." The ABC form did not document the sequence of events (i.e., at what point staff intervened and with what intervention), which staff was hit and threatened, what "chances to change behavior" meant, how he was redirected to his room, or his response to those interventions. When asked during an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated	MM537		

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MM537	Continued From page 20 the data collected on the ABC sheets was not sufficient to follow the behavior and assess interventions. b. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay. Individual #4's PBSP, dated 3/11, stated he engaged in the following: - Physical aggression towards others (defined as hitting, kicking, and/or spitting on those around him) - Verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments to staff or peers) - Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) - Property destruction (defined as breaking personal and facility property) - Tantrums (defined as throwing items around the room, crying uncontrollably, and falling to the ground) The data collected on Individual #4's ABC forms was not sufficient. Examples included, but were not limited to, the following: - 3/11/11, time not indicated: "Resident started with refusal (and) then resulted to [sic] kick the walls, crying, throwing a tantrum, refusal to do chores, throwing objects, kicking door, shouting." The staff documented "He was given an option (and) consequence (and) still refused to cooperate. Talked to resident to see why he was refusing (and) what could be done (and) still refused." Staff documented "Help/Aid" was an option, and "do half chores, eat breakfast, (and) and do other half." The ABC form did not document the sequence of	MM537		

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MM537	Continued From page 21 events (i.e., did the individual engage in property destruction before or after the options were offered), how the maladaptive behavior progressed, what interventions were tried other than options, what response Individual #4 had to the interventions other than refusals, and what ended the behavioral episode. - 3/11/11, time not indicated: "cursing, mocking, yelling, crying, tantrum, middle finger, banging on wall (and) doors." Staff documented "Redirect to room, verbal command asking him to go to room till he can behave. Had to be taken in his room by restraint." The ABC form did not document what initiated the maladaptive behavior, who the behavior was directed towards, the sequence of events and interventions, Individual #4's response to the interventions, the type of restraint used, and what ended the behavioral episode. When asked during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the Administrator stated the data collected on the ABC sheets was not sufficient to follow the behavior and assess individuals' interventions. c. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control. Individual #1's PBSP, dated 2/11, documented he engaged in the following: - Task avoidance/defiance (defined as refusing to comply with staff requests or active treatment schedule by ignoring or pretending to be asleep) - Verbal aggression/intimidation (defined as yelling, swearing, or making derogative	MM537		

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MM537	Continued From page 22 comments or gestures to staff or peers) - Physical intimidation (defined as making threatening gestures to others) - Physical aggression (defined as throwing things at staff, hitting, kicking, and biting when asked to do something he doesn't want to do) - Tantrums (defined as throwing self to the ground, crying uncontrollably, and yelling) - Property damage (defined as breaking personal and facility property including breaking windows, punching or kicking walls, destroying his dresser) - Inappropriate sexual (defined as making sexual comments or gestures toward others, exposing himself, or doing sexual acts in public) The data collected on Individual #1's ABC forms was not sufficient. Examples included, but were not limited to, the following: - 3/16/11: Individual #1 was getting ready to go on an outing. He slammed his fists on the kitchen counter and threw a pen. Staff verbally reminded him that he would not be able to go on the outing if he continued the behavior. Individual #1 calmed down. When getting in the van, he went to sit in the front passenger seat and was told another staff was already planning on sitting there. Individual #1 stomped his feet, kicked the fence, and walked down the street while crying. The ABC from did not document the time the incident occurred or the interventions staff used when his behavior escalated at the van. Further, it did not document Individual #1's reaction to the intervention. - 3/18/11: Individual #1 was fishing at a local pond with another resident. The other resident wanted to fish alone and went to another section of the pond. Individual #1 wanted to fish with the	MM537		

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MM537	Continued From page 23 other resident and engaged in a tantrum when told no. The ABC form did not document the time the incident occurred or the intervention staff used to redirect the behavior. - 3/21/11: Individual #1 continually refused to take his medication by "ignoring me and doing other things." The form further stated Individual #1 "just kept refusing didn't talk to me just kept giving me reasons why he shouldn't take his meds [sic]." It further stated when Individual #1 did go in to take his medications he grabbed medication cups, filled them up, and dumped them on the floor. The ABC form did not document the time the behavior occurred or the sequence of events that took place during the behavior, including the interventions used by staff. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the data collection was not sufficient or comprehensive. d. Individual #3's IPP, dated 2/11, documented a 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder, ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder. Individual #3's PBSP, dated 2/11 documented she engaged in the following: - Angry emotional outbursts (defined as acting in an aggressive manor toward staff and peers including yelling, swearing, threatening, throwing objects, invading personal space, and attempting	MM537		

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MM537	Continued From page 24	MM537		

to or hitting others)
- Task avoidance (defined as refusing to comply with tasks on her active treatment schedule by ignoring, refusal, and isolation in her room)
- Inappropriate boundaries (defined as making inappropriate comments towards peers and staff, touching others without permission, touching others in inappropriate ways, making sexual gestures, and showing inappropriate clothing or body parts to staff and peers)
- Property damage (defined as kicking walls and door, tearing blinds, and destroying screens)
- Difficulty falling asleep and staying asleep (defined as having trouble falling asleep due to worry and anxiety or waking up in the night due to nightmares)
- Running away (defined as running away from staff by running out the front door, going out her window, and running out of the car)

The data collected on Individual #3's ABC forms was not sufficient. Examples included, but were not limited to, the following:

- 3/14/11: Individual #3 was prompted to get up for school and she refused and cursed at staff. She also refused her medication until 15 minutes before school.

The form also stated staff tried to talk to Individual #3 and she ignored them until they turned her attention to her birthday, at which point she got up.

The ABC form did not document the time the behavior occurred or the progression of staff interventions in response to Individual #3's behavior.

- 3/21/11: Individual #3 continually grabbed staff's

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MM537	Continued From page 25 hat and ripped the "pom pom" off of the top. "Also, while staff was passing meds, [Individual #3] kept going in the med room and bothering him." The ABC from did not document the time the behavior occurred, nor did it document the progression of events that occurred. - 3/21/11: Individual #3 was asked to place her dinner plate and dessert plate in the dishwasher. She told staff "no" in a "stern voice" and "walked away." The ABC form did not document the time the incident took place, what interventions staff used, or if the interventions were effective. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the data collection was not sufficient or comprehensive. The facility failed to ensure data collected for individuals' maladaptive behaviors provided sufficient information to adequately assess the efficacy of the intervention strategies.	MM537		
{MM725}	16.03.11.270.01(b) QMRP The QMRP is responsible for supervising the implementation of each resident's individual plan of care, integrating the various aspects of the program, recording each resident's progress and initiating periodic review of each individual plan for necessary modifications or adjustments. This function may be provided by a QMRP outside the facility, by agreement. This Rule is not met as evidenced by:	{MM725}		

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{MM725}	Continued From page 26 Based on record review and staff interviews, it was determined the facility failed to ensure the QMRP provided sufficient monitoring and coordination for 4 of 4 individuals (Individuals #1 - #4) reviewed. That failure resulted in individuals not receiving the necessary assessments, objectives, and training required to meet their behavioral needs. The findings include: 1. Refer to M164 as it relates to the facility's failure to ensure consents for restrictive interventions contained sufficient information. 2. Refer to M194 as it relates to the facility's failure to ensure the QMRP ensured restrictive interventions were not implemented prior to approval by the HRC. 3. Refer to M196 as it relates to the facility's failure to ensure the QMRP ensured restrictive interventions were implemented only after guardian consent was obtained. 4. Refer to M197 as it relates to the facility's failure to ensure the QMRP ensured behavior modifying drugs were used only as a comprehensive part of an individual's IPP that was directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs were employed. 5. Refer to M203 as it relates to the facility's failure to ensure the QMRP ensured conduct between staff and individuals residing at the facility promoted growth and independence. 6. Refer to M537 as it relates to the facility's failure to ensure the QMRP ensured data was collected sufficiently to determine the efficacy of individuals' intervention strategies.	{MM725}		

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{MM725}	Continued From page 27 7. Refer to M729 as it relates to the facility's failure to ensure the QMRP ensured objectives were developed to meet individuals' needs. 8. Refer to M730 as it relates to the facility's failure to ensure the QMRP ensured behavioral assessments were comprehensive and accurately identified individuals' behavioral status and needs. 9. Refer to M732 as it relates to the facility's failure to ensure the QMRP ensured individuals' training objectives were assigned completion dates. 10. Refer to M733 as it relates to the facility's failure to ensure the QMRP ensured outside services were sufficiently coordinated to meet individuals' behavioral needs. 11. Refer to M854 as it relates to the facility's failure to ensure the QMRP ensured programs specified the type and frequency of data to be collected. 12. Refer to M866 as it relates to the facility's failure to ensure the QMRP ensured behavioral interventions were implemented with sufficient safeguards to protect individuals' rights and physical safety.	{MM725}		
{MM729}	16.03.11.270.01(d) Treatment Plan Objectives The individual treatment plan must state specific objectives to reach identified goals. The objectives must be: This Rule is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure	{MM729}		

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{MM729}	Continued From page 28	{MM729}		

individuals' IPPs included objectives to meet their needs for 1 of 4 individuals (Individual #2) whose behavioral plans were reviewed. This resulted in a lack of program plans designed to address the needs of individuals in areas most likely to impact their lives. The findings include:

1. Individual #2's 2/11 IPP stated he was a 14 year old male whose diagnoses included bipolar mixed with psychotic features, ADHD, mild mental retardation, and mood disorder. His IPP also stated he had reported visual and auditory hallucinations, which included command hallucinations to kill himself.

His record did not include clear information related to how Individual #2 exhibited signs and symptoms of mood disorder NOS or ADHD.

When asked during an interview on 3/24/11 from 9:05 a.m. - 11:45 p.m., the Administrator stated Individual #2's mood disorder NOS was exhibited by a decreased need for sleep, increased sexually inappropriate behavior, increased physical aggression, increased verbal aggression, suicidal ideation, decreased interest in hobbies, isolation, withdrawal from others, increased refusals, and sleep interruptions.

The Administrator further stated ADHD was exhibited by the inability to sit still, self stimulatory behaviors, and being distracted.

Individual #2's IPP included objectives to address physical aggression towards others, verbal assault to staff, teasing and provoking other residents, sexually inappropriate behaviors, task avoidance/defiance, and suicidal ideation.

However, his IPP did not contain objectives

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{MM729}	Continued From page 29 related to his mental health needs (e.g. tracking of psychiatric signs and symptoms of sleep disturbance, decreased interest in hobbies, isolation, withdrawal from others, inability to sit still, self stimulatory behaviors and distraction). When asked during an interview on 3/24/11 from 9:05 - 11:45 p.m., the Administrator stated objectives were not developed related to Individual #2's psychiatric signs and symptoms. The facility failed to ensure objectives were developed to address Individual #2's psychiatric signs and symptoms.	{MM729}		
{MM730}	16.03.11.270.01(d)(i) Diagnostic and Prognostic Data Based on complete and relevant diagnostic and prognostic data; and This Rule is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure behavioral assessments contained comprehensive information for 4 of 4 individuals (Individuals #1 - #4) whose behavior assessments, IPPs, and behavioral programs were reviewed. This resulted in a lack of complete and relevant information on which to base program intervention decisions. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. His 3/11 "Functional Behavior Assessment" was not sufficiently developed in order to address his behavior management needs as follows: a. Individual #2's IPP stated in the "Medical	{MM730}		

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{MM730}	Continued From page 30 Diagnosis" section that he was diagnosed with Bipolar disorder, mixed with psychotic features, ADHD, and mood disorder. However the "Affective Development" section of his IPP also included the diagnoses of ODD, PTSD and Visual/Audio command hallucinations. Individual #2's behavioral assessment stated he had a long history of mental illness and anger issues and documented he "had hallucinations in the past." The assessment did not include specific information related to which mental illness diagnoses he presented with. The assessment further stated he engaged in physical assault and intimidation, verbal assault, teasing and provoking others, property destruction, tantrums, running from staff, sexually inappropriate behavior and suicidal ideation. The assessment did not include information regarding the relationship between his mental illness and the behaviors which he displayed. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated Individual #2's psychiatric diagnoses had not been addressed in his assessment or tied to his maladaptive behaviors. The facility failed to ensure Individual #2's behavioral assessment addressed his mental health diagnoses and the relationship between his mental illness and the behaviors which he displayed. b. Individual #2's behavioral assessment stated he engaged in physical aggression and intimidation defined as hitting, kicking, and/or spitting on those around him or holding his fist clenched by another person's face and glaring at	{MM730}		

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{MM730}	Continued From page 31 them. The assessment stated the function of the behavior was to get attention from a particular staff but it would also occur if he was over-stimulated. During an interview with the Administrator, QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the AQMRP and Lead Staff stated it did not appear Individual #2's physical assaults were a result of being over-stimulated or to get attention. They stated he could not wait to talk to certain staff and it appeared to be more related to his ADHD and impulse control problems. c. Individual #2's behavioral assessment stated he engaged in verbal assault, defined as threatening staff with harm, and yelling/cursing at staff or other residents. The assessment stated the function of the behavior was to avoid undesirable tasks or to avoid particular situations. During an interview with the Administrator, QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the AQMRP and Lead Staff stated it did not appear Individual #2's verbal assaults were related to task avoidance. They stated it was the way Individual #2 attempted to control his own environment and schedule as he would engage in tasks as long as he thought it was his idea to do so. d. Individual #2's behavioral assessment stated he engaged in teasing/provoking other residents and staff, defined as "poking, yelling at and/or any other action directed at the other residents or staff with the intent of getting the other resident or staff to react in a negative manner or go into behavior." The assessment stated he engaged in the behavior when he was over-stimulated and	{MM730}		

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{MM730}	Continued From page 32 was not busy. However, the function of the behavior section stated it was to gain attention and he enjoyed provoking others. During an interview with the Administrator, QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the AQMRP and Lead Staff stated it did not appear Individual #2's teasing/provoking was related to over-stimulation or boredom. They stated it was to push someone's buttons and get a reaction. e. Individual #2's behavioral assessment stated he engaged in destruction of property, defined as destroying his personal items, typically his toys, or property of the home by punching or kicking walls, doors, or his dresser while in a fit of anger. The assessment stated the function of the behavior was to "release his negative emotional energy." During an interview with the Administrator, QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's property destruction was not accurate and the assessment needed to be revised. f. Individual #2's behavioral assessment stated he engaged in tantrums, defined as falling to the ground and screaming at the top of his lungs. The assessment stated tantrums would occur when he was not allowed to do what he wanted or when a family visit was cancelled at the last minute. The assessment stated the function of the behavior was to get something he wanted. However, his 2/11 IPP stated he "uses this behavior in order to get attention." During an interview with the Administrator,	{MM730}		

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{MM730}	Continued From page 33 QMRP, AQMRP and Lead staff, on 3/24/11 from 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's tantrums was not accurate and the assessment needed to be revised. g. Individual #2's behavioral assessment stated he engaged in running from staff, defined as trying to avoid supervision from staff. The assessment stated this would occur when he was bored or angry or not being closely supervised and the function of the behavior was to irritate and provoke staff. The "General Behavioral Accommodations" section of Individual #2's IPP stated "Due to the severity of the violent/aggressive behaviors, the provoking behaviors, and the sexually inappropriate behaviors, and the danger that [Individual #2] presents to himself and others... [Individual #2] requires close proximity (same room), one to one supervision while he is awake by specially trained staff members..." Individual #2's behavioral assessment did not include information related to the use of close proximity supervision or the effect it had on his maladaptive behaviors, including his running away behavior. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated close proximity supervision had not been included in Individual #2's behavioral assessment and the assessment needed to be revised. h. Individual #2's behavioral assessment stated he engaged in sexually inappropriate behaviors, defined as touching or grabbing a woman's chest, and/or making sexually inappropriate comments	{MM730}		

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{MM730}	Continued From page 34 or gestures. The assessment stated the behavior would occur when he was bored, not getting his way and/or when he was not closely supervised. The assessment stated the function of the behavior was to get attention and appeared to have a "hormonal function." During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #2's sexually inappropriate behaviors did not appear related to sexual gratification, but the behavior was not clearly assessed. The Administrator stated the assessment needed to be revised. i. Individual #2's behavioral assessment stated he engaged in suicidal ideation, defined as making suicidal threats or suicidal gestures in order to gain attention. The assessment stated the behavior would occur when he was "very upset with staff or other adult care givers" and the function of the behavior was to "express his strong negative feelings about a situation." The assessment was not clear in describing whether the function of the behavior was to seek attention or communicate his negative feelings. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #2's suicidal ideation had changed when the facility consistently implemented arms-length supervision following a threat. The Administrator stated the assessment needed to be revised to reflect Individual #2's current suicidal ideation data. j. Individual #2's behavioral assessment stated he engaged in task avoidance/defiance defined as refusing to comply with staff requests or complete tasks. The assessment stated the function of the behavior was task avoidance but "it has a greater	{MM730}		

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{MM730}	Continued From page 35 function of irritating the staff which he enjoys." During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's avoidance/defiance was not accurate and the assessment needed to be revised. k. Individual #2's behavioral assessment stated he engaged in self injurious behaviors, defined as biting his lip to make it bleed and pinching and hitting himself. The assessment stated the behavior occurred when he was over-stimulated or had been told he could not have or do something he wanted to do. However, the function of the behavior was to get attention from staff and to "show staff how angry he is." The assessment was not clear in describing whether the function of the behavior was to seek attention, communicate his negative feelings or as a result of over-stimulation. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator and AQMRP both stated the function of Individual #2's self injurious behavior was not accurate and the assessment needed to be revised. The facility failed to ensure Individual #2's behavior assessment was sufficiently developed and accurately reflected his maladaptive behaviors. 2. Individual #3's 2/11 IPP stated she was a 16 year old female diagnosed with mental retardation. Her 2/11 "Functional Behavior Assessment" was not sufficiently developed in order to address her behavior management needs as follows: a. Individual #3's behavioral assessment stated	{MM730}		

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{MM730}	Continued From page 36 she was diagnosed with ODD, reactive attachment disorder, PTSD and ADHD. However, Individual #3's IPP stated in the "Medical Diagnosis" section that she was also diagnosed with anxiety disorder NOS and mood disorder. Individual #3's behavioral assessment and IPP were not consistent in documenting her diagnoses. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #3's Functional Behavioral Assessment needed to be revised. b. Individual #3's PBSP, dated 2/11, included an objective to decrease instances of making false allegations. However, making false accusations was not a target behavior assessed in Individual #3's Functional Behavioral Assessment. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #3's Functional Behavioral Assessment should include making false accusations. She further stated she thought the behavior had been assessed and would provide the surveyor with a copy of the accurate Functional Behavioral Assessment. A copy of Individual #3's Functional Behavioral Assessment including false accusations had not been received by the surveyor at the time of this report. The facility failed to ensure Individual #3's behavior assessment was sufficiently developed. 3. Individual #1's 2/11 IPP stated he was a 13 year old male diagnosed with moderate mental retardation. His 2/11 "Functional Behavior Assessment" was not sufficiently developed in order to address his behavior management	{MM730}		

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{MM730}	Continued From page 37 needs as follows: a. Individual #1's behavioral assessment stated he was diagnosed with ADHD, PTSD, and impulse control disorder. However, Individual #1's IPP stated in the "Presenting Problems and Disabilities" section that he was also diagnosed with ODD. Individual #1's behavioral assessment and IPP were not consistent in documenting his diagnoses. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #1's Functional Behavioral Assessment needed to be revised. b. The "General Behavioral Accommodations" section of Individual #1's IPP stated "Due to the severity of the violent/destructive behaviors, and the danger that [Individual #1] presents to himself and others...[Individual #1] requires close proximity (2 arms length) [sic], one to one supervision while he is awake and a dedicated staff member available if he wakes up at night." Individual #1's behavioral assessment did not include information related to the use of close proximity supervision or the effect it had on his maladaptive behaviors. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #1's Functional Behavioral Assessment needed to be revised to include the use of one-to-one supervision. c. Individual #1's behavioral assessment stated he had a history of physical aggression toward pregnant women and small children. The assessment stated he had attempted to kick and	{MM730}		

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{MM730}	Continued From page 38 hit pregnant women to "harm their children" and he was easily irritated by smaller children and should not be around them, even in the community, as he had "grabbed someone's baby and threw it down causing brain injury." However, a functional assessment of the Individual #1's behavior towards pregnant women and small children was not present. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., Individual #1's Functional Behavioral Assessment did not include an assessment of Individual #1's behavior toward children and pregnant women and needed to be revised. The facility failed to ensure Individual #1's behavior assessment was sufficiently developed. 4. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay. His 3/11 "Functional Behavior Assessment" was not sufficiently developed in order to address his behavior management needs as follows: a. Individual #4's behavioral assessment stated he had diagnoses which included ADHD, emotional disturbance and FAS. The assessment further stated he "exhibited differences in processing sound, visual information, and touch" and had "difficulty synthesizing and making sense of multisensory data." The assessment stated Individual #4 engaged in physical aggression, verbal aggression/intimidation, task avoidance/defiance, tantrums, and property destruction. However, the assessment did not include information regarding the relationship between his diagnoses and the behaviors which he displayed.	{MM730}		

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{MM730}	Continued From page 39 During an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the Administrator stated Individual #4's psychiatric diagnoses had not been addressed in his assessment or tied to his maladaptive behaviors. The facility failed to ensure Individual #4's behavior assessment was sufficiently developed.	{MM730}		
MM732	16.03.11.270.01(d)(iii) Date Objective Achieved Time limited, giving dates when the objective is to be achieved. This Rule is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to assign individualized projected completion dates to objectives for 4 of 4 individuals (Individuals #1 - #4) whose PBSPs were reviewed. This resulted in the potential for individuals to receive training on objectives for extended periods of time without their rate of learning, strengths, and abilities being taken into consideration. The findings include: 1. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control disorder. None of the objectives in his PBSP, dated 2/11, contained projected completion dates. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., completion dates needed to be added to his objectives. 2. Individual #2's 2/11 IPP stated he was a 14 year old male whose diagnoses included bipolar	MM732		

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MM732	Continued From page 40 mixed with psychotic features, ADHD, mild mental retardation, and mood disorder. None of the objectives in his PBSP, dated 3/11, contained projected completion dates. When asked, the Administrator stated during an interview on 3/23/11 from 10:25 a.m. - 2:10 p.m., completion dates needed to be added to his objectives. 3. Individual #3's IPP, dated 2/11, documented a 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder, ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder. None of the objectives in her PBSP, dated 2/11, contained projected completion dates. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., completion dates needed to be added to her objectives. 4. Individual #4's IPP, dated 3/11, documented a 10 year old male diagnosed with pervasive developmental delay None of the objectives in his PBSP, dated 3/11, contained projected completion dates. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., completion dates needed to be added to his objectives. The facility failed to ensure the projected completion dates for Individuals #1 - #4's objectives were present and individualized.	MM732		
MM733	16.03.11.270.01(e) Treatment Standards	MM733		

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	13G078	A. BUILDING _____ B. WING _____	R 03/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ICF	2311 ARUBA DRIVE NAMPA, ID 83686

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MM733	Continued From page 41 Treatment programs and services provided by the facility or for residents by other agencies or persons outside must meet the standards for kind and quality of service as required by these standards, and all contracts must stipulate that these standards will be met. This Rule is not met as evidenced by: Based on observation, record review, and staff interview it was determined the facility failed to ensure outside services met the needs for 3 of 4 individuals (Individuals #1, #2, and #4) who attended a public school. This resulted in outside services not meeting the standards for kind and quality of service required for individuals. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. He attended a specialized alternative school. Services were not sufficiently coordinated with the school as follows: a. Individual #2's PBSP, dated 3/11, stated he engaged in the following: - Physical aggression (defined as hitting, kicking, and/or spitting on others with intent to harm) - Verbal assault to staff (defined as threatening staff with harm, and yelling or cursing at staff or other residents) - Teasing or provoking others (defined as poking, yelling at, and/or any other action directed at the other residents or staff with the intent of getting the other resident or staff to react in a negative manor) - Property destruction (defined as destroying his personal items or property of the facility by punching or kicking walls, doors, or his dresser) - Tantrums (defined as falling to the ground kicking and screaming)	MM733		

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MM733	Continued From page 42 - Running from staff (defined as trying to avoid supervision from staff) - Sexually inappropriate behaviors (defined as touching or grabbing women's chests or making sexually inappropriate comments or gestures) - Suicidal ideation (defined as making suicidal threats or gestures) - Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) - Self injurious behaviors (defined as biting his lip to make it bleed, pinching himself, or hitting himself) Individual #2's IEP, dated 3/1/10, included two objectives under the Behavior Management section: - Identify how he is feeling. - Choose an appropriate coping skill. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated the school utilized a Daily Tracking Form to track behaviors listed on the IEP. The Daily Tracking Form included a line for each period of the school day and columns to track the individual's IEP behavioral goals. Additionally, the Form included a column for "Overall Rating" and a column for "Comments." The Form included a space where parents were supposed to sign the form before returning it to the school. The Principal stated no other behavioral data was tracked and the school did not have information from the facility related to the behaviors exhibited by Individual #2, intervention strategies used by the facility, or information related to how those behaviors were to be tracked. The Principal stated Individual #2's school Case Manager would e-mail the facility with general behavioral information (i.e., an overall view of how the	MM733		

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MM733	Continued From page 43 individual was doing), but not with formalized tracking or specific numbers or instances of behaviors. During an interview on 3/22/11 from 11:25 a.m. - 12:15 p.m., Individual #2's school Case Manager stated she would sometimes telephone the facility with information related to Individual #2's behavioral issues that were not documented on the Daily Tracking Form. The calls were usually made to the facility's RSM, but the school did not keep documentation of the calls. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated a copy of individuals' PBSPs were given to the schools at IEP meetings, but the facility did not ask the schools to track individuals' behaviors that were tracked at the facility. The Administrator stated the facility did not track maladaptive behaviors exhibited by individuals at school. The facility failed to ensure tracking and documentation of Individual #2's maladaptive behaviors was consistent between the school and the facility, and that the facility was tracking maladaptive behavior exhibited at school as part of his behavioral progress/regress. b. During visits to the school attended by Individual #2, on 3/22/11 from 11:10 a.m. - 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were observed. Both were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. Once inside the room, it was not possible to maintain visual observation of the individual at all times.	MM733		

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MM733	Continued From page 44 On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #2's school Case Manager stated the time-out rooms were used for Individual #2. The Case Manager stated Individual #2 could choose to go into the time-out room independently to calm or could be placed in the room by staff. Individual #2's Daily Tracking Forms for an 11 day period in 3/11 were reviewed and documented he voluntarily went into the time-out room 7 times and was placed in the time-out room 28 times. One of the forms was signed by the facility's AQMRP, 8 were signed by the RSM, and two were not signed by the facility. The Daily Tracking Forms did not include information related to the duration of time Individual #2 spent in the time-out room, the reason for entering the time-out room, or his response to the time-out room in relation to his maladaptive behavior. During an interview on 3/25/11 from 10:00 - 10:15 a.m., the school Principal stated she was not aware there were regulations regarding the use and structure of time-out rooms for individuals residing in ICFs/MR. The Principal stated additional documentation was kept regarding the use of the time-out rooms, but the documentation was not provided to the facility and had not been requested by the facility. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the RSM stated she was usually the staff member who reviewed and signed the Daily Tracking Forms from the school prior to their return to the school. The RSM stated she would praise Individual #2 if the Form stated he had a good day, but stated she did nothing with the	MM733		

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MM733	Continued From page 45 information related to maladaptive behaviors. The Administrator, who was present during the interview, stated information related to the use of the time-out room for Individual #2 was not assessed or tracked by the facility. The facility failed to ensure behavioral interventions used by the school were coordinated with the facility. c. Individual #2's PBSP stated he received Depakote (an anticonvulsant drug) 750 mg twice daily for physical and verbal aggression, Eskalin (an antipsychotic drug) 600 mg twice daily for manic episodes of physical aggression related to bipolar disorder and ODD, and Abilify (an anti psychotic drug) 15 mg daily for aggression. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated the school may be made aware of individuals' medications during the annual IEP meeting, but the school was not usually made aware of medication changes or the effects the medications were to have on the individual. Additionally, the Principal stated information related to potential side effects was provided on a "hit and miss" basis. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated medication information was provided to the school during the annual IEP meeting. The Administrator stated she attended meetings at the school on a quarterly basis and provided verbal information regarding changes through the PSR worker who worked between the school and the facility. The Administrator stated she had no documentation of those conversations. The facility failed to ensure school personnel	MM733		

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MM733	Continued From page 46 were provided with consistent information related to Individual #2's behavioral medications. d. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated staff from the facility did not come to observe at the school and the school was not invited to meetings at the facility. During an interview on 3/22/11 from 11:25 a.m. - 12:15 p.m., the school Case Manager stated communication with the facility was poor. The Case Manager stated she stopped e-mailing information to the facility because the facility would not respond, even if specific questions were presented in the e-mail. The Case Manager stated if the RSM was not at the facility, Daily Tracking Forms were usually not signed and returned, and that the RSM was the usual contact at the facility for the school. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated she had been the primary contact for the school to this point, but the QMRP would be taking on that role. The Administrator stated communication between the facility and the school was not well documented, and services had not been coordinated sufficiently. The facility failed to ensure there was sufficient coordination of services with the school in order to meet Individual #2's behavioral needs. 2. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and impulse control disorder. He attended a specialized alternative school. Services were not sufficiently coordinated with the school as follows:	MM733		

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MM733	Continued From page 47 a. Individual #1's Functional Behavioral Assessment, dated 2/11, documented he engaged in the following: - Task avoidance/defiance (defined as refusing to comply with staff requests or his active treatment schedule by ignoring or pretending to be asleep) - Verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments or gestures to staff or peers) - Physical intimidation (defined as making threatening gestures to others) - Physical aggression (defined as throwing things at staff, hitting, kicking, and biting when asked to do something he doesn't want to do) - Tantrums (defined as throwing self to the ground, crying uncontrollably, and yelling) - Property damage (defined as breaking personal and facility property including breaking windows, punching or kicking walls, destroying his dresser) - Inappropriate sexual (defined as making sexual comments or gestures toward others, exposing himself, or doing sexual acts in public). Individual #1's IEP, dated 1/12/10, included two objectives under the Behavior Management section: - Identify when he is frustrated. - Choose an appropriate coping skill. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated the school utilized a Daily Tracking Form to track behaviors listed on the IEP. The Daily Tracking Form included a line for each period of the school day and columns to track the individual's IEP behavioral goals. Additionally, the Form included a column for "Overall Rating" and a column for	MM733		

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MM733	Continued From page 48 "Comments." The Form included a space where the parent was supposed to sign the form before returning it to the school. The Principal stated no other behavioral data was tracked and the school did not have information from the facility related to the behaviors exhibited by Individual #1, intervention strategies used by the facility, or information related to how those behaviors were to be tracked. The Principal stated Individual #1's school Case Manager would e-mail the facility with general behavioral information (i.e., an overall view of how the individual was doing), but not with formalized tracking. During an interview on 3/22/11 from 11:25 a.m. - 12:15 p.m., Individual #1's school Case Manager stated she would telephone the facility if Individual #1 received detention or a school award, but would generally e-mail the facility weekly to review his behavior and progress for the week. She further stated she tracked Individual #1's behaviors according to his IEP every 15 minutes on the Daily Tracking Form. The forms were then sent to the facility for a signature. The Case Manger stated she was not aware of the behavioral objectives being tracked for Individual #1 at the facility. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated a copy of Individual #1's PBSP was given to the school at the annual IEP meeting, but the facility did not ask the school to track the same behaviors that were tracked at the facility. The Administrator stated the facility did not track maladaptive behaviors exhibited at the school. The facility failed to ensure there was sufficient	MM733		

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MM733	Continued From page 49 coordination of services with the school in order to meet Individual #1's behavioral needs. b. During visits to the school attended by Individual #1, on 3/22/11 from 11:10 a.m. - 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were observed. Both were small padded rooms with magnetic locking mechanisms on the doors. Individuals could be placed in the rooms and the doors held shut by staff engaging the door locking mechanism with a button on the wall outside the room. Once inside the room, it was not possible to maintain visual observation of the individual at all times. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #1's school Case Manager stated the time-out rooms were used for Individual #1. The Case Manager stated Individual #1 could choose to go into the time-out room independently to calm or could be placed in the room by staff. Individual #1's Daily Tracking Forms from 3/1/11 - 3/21/11 were reviewed. Individual #1 had 12 Daily Tracking Forms during this time period that had been signed and returned by the facility. The forms documented he was placed in the time-out room 13 times. One of the forms was signed by the facility's AQMRP and 11 were signed by the RSM. The Daily Tracking Forms did not include information related to the duration of time Individual #1 spent in the time-out room, the reason for entering the time-out room, or his response to the time-out room once he was out. During an interview on 3/25/11 from 10:00 - 10:15 a.m., the school Principal stated she was not aware there were regulations regarding the use	MM733		

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MM733	Continued From page 50 and structure of time-out rooms for individuals residing in ICFs/MR. The Principal stated additional documentation was kept regarding the use of the time-out rooms, but the documentation was not provided to the facility and had not been requested by the facility. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the RSM stated she was usually the staff member who reviewed and signed the Daily Tracking Forms from the school prior to their return to the school. The RSM stated she would praise Individual #1 if the Daily Tracking Form stated he had a good day, but stated she did nothing with the information related to maladaptive behaviors. The Administrator, who was present during the interview, stated information related to the use of the time-out room for Individual #1 was not assessed by the facility. The QMRP, who was present during the interview, stated the documentation from the school was not sufficient to give a clear picture of what happened prior to, during, and after the behavior and use of the interventions. The facility failed to ensure interventions used by the school were sufficiently coordinated. c. Individual #1's PBSP, dated 2/11, documented he received 1 mg of guanfacine (an antihypertensive drug) twice daily and 40 mg of Strattera (a central nervous system drug) daily for verbal aggression/intimidation. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated the school may be made aware of individuals' medications during the annual IEP, but the school was not usually made aware of medication changes or the effects the medications were to have on Individual #1.	MM733		

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MM733	Continued From page 51 Additionally, the Principal stated receiving information related to potential side effects from the facility was "hit and miss." During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated medication information was provided to the school during the annual IEP meeting. The Administrator stated she attended meetings at the school on a quarterly basis and provided verbal information regarding changes through the PSR worker who traveled between the school and the facility, but did not document those conversations. The facility failed to ensure school personnel were provided with consistent information related to Individual #1's behavioral medications. d. During an interview on 3/22/11 from 11:10 - 11:23 a.m., the school Principal stated staff from the facility did not come to observe at the school and the school was not invited to meetings at the facility. During an interview on 3/22/11 from 11:25 a.m. - 12:15 p.m., Individual #1's School Case Manager stated communication with the facility was poor. She stated the usual facility contact was the RSM. The Case Manager stated the facility did not respond to requests or answer questions. She stated when she asked the facility, she was told by the RSM they printed out the e-mails and placed them in Individual #1's file and were not aware she needed a response. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated she had been the primary contact for the school to this point, but the QMRP would be taking on that role. The Administrator stated communication between the	MM733		

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MM733	Continued From page 52 facility and the school was not well documented, and services had not been coordinated sufficiently. The facility failed to ensure there was sufficient coordination of services with the school in order to meet Individual #1's behavioral needs. 3. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay. He attended a local elementary school's special education program. Individual #4's PBSP, dated 3/11, stated he engaged in the following: - Physical aggression towards others (defined as hitting, kicking, and/or spitting on those around him) - Verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments to staff or peers) - Task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks) - Property destruction (defined as breaking personal and facility property) - Tantrums (defined as throwing items around the room, crying uncontrollably, and falling to the ground) During a telephone interview on 3/22/11 from 2:54 - 3:07 p.m., Individual #4's teacher stated staff from the facility did not come and observe at the school, that the facility did not provide information related to maladaptive behaviors being tracked, that the school had not been provided with intervention strategies used by the facility, and that he had not been invited to meetings regarding Individual #4 at the facility.	MM733		

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MM733	Continued From page 53 During an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the Administrator stated she had been the primary contact for the school to this point, but the QMRP would be taking on that role. The Administrator stated communication between the facility and the school was not well documented, and services had not been coordinated sufficiently. The facility failed to ensure services at the school were sufficiently coordinated to meet Individual #4's behavioral needs.	MM733		
MM854	16.03.11.270.08(b)(ii) Behavioral Terms Stated in specific behavioral terms that permit the progress of the resident to be assessed This Rule is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the training programs included the type and frequency of data that was to be collected for 4 of 4 individuals, (Individuals #1 - #4) whose behavioral intervention programs were reviewed. That failure had the potential to prevent the facilyt from accurately assessing individuals' progress towards meeting the program objectives. The findings include: 1. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. Individual #2's PBSP, dated 3/11, included the following behavioral objectives which did not specify the type of data or frequency for which data was to be collected: - physical aggression - verbal assault	MM854		

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MM854	Continued From page 54 - running from staff - sexually inappropriate behaviors - task avoidance/defiance - self injurious behaviors During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated directions for data collection were not clearly spelled out in the behavior programs. The facility failed to ensure Individual #2's behavior programs clearly stated the type of data and frequency for which data was to be collected. 2. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay. Individual #4's PBSP, dated 3/11, included the following behavioral objectives which did not specify the type of data or frequency for which data was to be collected: - physical assault - verbal aggression/intimidation - task avoidance/defiance - property destruction During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated directions for data collection were not clearly spelled out in the behavior programs. The facility failed to ensure Individual #4's behavior programs clearly stated the type of data and frequency for which data was to be collected. 3. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate mental retardation, ODD, ADHD, PTSD, and	MM854		

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MM854	Continued From page 55 impulse control disorder. Individual #1's PBSP, dated 2/11, included the following behavioral objectives which did not specify the frequency and type of data that was to be collected: - task avoidance - verbal aggression/intimidation - physical intimidation - physical aggression - tantrums - sexually inappropriate behavior When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the data collection method and frequency was not specified in the programs and needed to be added. The facility failed to ensure the frequency and type of data to be collected was specified for Individual #1. 4. Individual #3's IPP, dated 2/11, documented a 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder, ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder. Individual #3's PBSP, dated, 2/11, included the following behavioral objectives which did not specify the frequency and type of data that was to be collected: - task avoidance - inappropriate boundaries - property destruction - going to sleep and staying asleep - elopement	MM854		

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MM854	Continued From page 56 Additionally, the training program for making false accusations stated staff would fill out an ABC Form if Individual #3 threatened to make a false accusation. However, the training program did not specify what data staff would collect if Individual #3 actually made a false accusation. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the data collection method and frequency was not specified in the programs and needed to be added. The facility failed to ensure the frequency and type of data to be collected was specified for Individual #3.	MM854		
{MM855}	16.03.11.270.08(c) Training and Habilitation Record There must be a functional training and habilitation record for each resident maintained by and available to all training and habilitation staff which shows evidence of training and habilitation service activities designed to meet the objectives set for every resident. This Rule is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure techniques used to manage inappropriate behavior were sufficiently defined and incorporated into the program plans for 4 of 4 individuals (Individuals #1 - #4) whose PBSPs were reviewed. This resulted in a lack of appropriate interventions being in place to ensure individuals' behavioral needs were met. The findings include: 1. Individual #1's IPP, dated 2/11, documented a 13 year old male diagnosed with moderate	{MM855}		

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{MM855}	Continued From page 57 mental retardation, ODD, ADHD, PTSD, and impulse control. Individual #1's programs to manage inappropriate behavior and to teach appropriate replacement behaviors did not provided sufficient instructions to staff as follows: a. Individual #1's PBSP, dated 2/11, contained an objective to reduce his instances of sexually inappropriate behavior (defined as making sexual comments or gestures toward others, exposing himself, or doing sexual acts in public). The instructions to staff consisted of one line which stated staff were not to give extra attention or approval to Individual #1 if he engaged in inappropriate sexually behavior. However, the instructions were not sufficient to indicate how staff were to intervene if Individual #1 engaged in inappropriate sexual behavior. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised. b. Individual #1's PBSP, dated 2/11, contained an objective to decrease instances of verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments or gestures to staff or peers). The instructions to staff stated once Individual #1 engaged in verbal aggression, staff were to redirect him to his room or another calm area and if he corrected his behavior, they were to immediately praise him. However, there were no instructions to staff on how to intervene if Individual #1 did not correct his behavior. When asked, the Administrator stated during an	{MM855}		

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{MM855}	Continued From page 58 interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised. c. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for verbal aggression/intimidation which stated "[Individual #1] will calmly refuse an unpreferred [sic] task in 50% of trials for 3 consecutive months." The plan stated "staff should have a goal set that [Individual #1] is working toward that is meaningful for him that is tied to respectful speech." The plan did not include information regarding what an appropriate goal was, what was meaningful to Individual #1, or what respectful speech meant. The plan also stated staff were to increase the rate of positive reinforcement for positive behavior when Individual #1 became over-stimulated. The plan did not include information regarding what behaviors Individual #1 displayed when he was over-stimulated or what was reinforcing to Individual #1. The plan stated staff were to "remind [Individual #1] before a non-preferred task that he can refuse if he uses nice words" and to "Praise [Individual #1] when he respectfully refuses tasks." The plan did not include instructions to staff regarding what non-preferred activities were, what "nice words" were or if the staff were to allow Individual #1 to escape the non-preferred task if he used "nice words." When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #1's replacement behaviors needed to be revised.	{MM855}		

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{MM855}	Continued From page 59 d. Individual #1's PBSP, dated 2/11, contained an objective to decrease physical aggression (defined as throwing things at staff, hitting, kicking, and biting when asked to do something he doesn't want to do). The instructions to staff stated if "[Individual #1's] behaviors present an immediate risk to himself or others, staff will manually restrain him using the CPI Team Restraint until he no longer poses a threat to himself or others. The restraint is to be removed as soon as [Individual #1] is no longer presenting an immediate threat." However, the instructions did not clearly define what was considered an "immediate threat." When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised to clearly define when Individual #1 should be placed into and released from the restraint. e. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for physical aggression which stated "[Individual #1] will talk to staff about his feelings in 50% of trials per month for 3 consecutive months." The plan stated staff were to be available to Individual #1 and reassure him if he displayed anxiety. The plan did not include instructions to staff regarding what behaviors Individual #1 displayed when he was anxious. The plan also stated staff were to use "strong verbal interventions" with Individual #1. However, the plan did not include what "strong verbal interventions" were. Further, the plan stated staff were to talk to Individual #1 about his feelings during the day.	{MM855}		

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{MM855}	Continued From page 60 The plan did not included when staff were to talk to him (e.g. specific times, only when he was anxious, prior to every task, etc.) or what staff were to do when Individual #1 expressed his feelings (e.g. how to respond if Individual #1 expressed anxiety, fear, joy, sadness, etc.). When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #1's replacement behaviors needed to be revised. f. Individual #1's PBSP, dated 2/11, contained an objective to decrease property destruction (defined as breaking personal and facility property including breaking windows, punching or kicking walls, destroying his dresser). The instructions to staff stated staff were to place Individual #1 in a CPI team restraint if his safety or the safety of others ever came into question. However, the instructions did not clearly define when he should be placed in and released from the restraint. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised to clearly define when Individual #1 should be placed into and released from the restraint. g. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for property damage which stated "[Individual #1] will identify an appropriate response to frustration out of a choice of 2 options presented to him by staff while he is calm in 50% of trials per month for 3 consecutive months." The plan stated when Individual #1 became over-stimulated, staff were to assist him to find an	{MM855}		

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{MM855}	Continued From page 61 area in which to calm down. The plan did not include information regarding what behaviors Individual #1 displayed when he was over-stimulated. The plan also stated staff were to read him a story about a child who was frustrated and give him 2 choices of how to respond. The plan did not include information regarding where the story was located, if there was more than one story available to Individual #1, or when the story was to be read to Individual #1 (e.g., only when he was over-stimulated, at specific times during the day, etc.) When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #1's replacement behaviors needed to be revised. h. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for task avoidance which stated "[Individual #1] will state why it is important to wear clothes that are in line with the school uniform to school in 50% of trials per month." The plan stated staff were to "explain why it is important for [Individual #1] to wear clothes that are in line with the school uniform in simple easy to understand terms." The plan did not include the specific reason why following the school dress code was important (e.g. consequences of potential expulsion, simply because it was a rule, etc.). Additionally, the plan did not include instructions to staff regarding when Individual #1 was to explain why it was important to wear clothes in accordance with the school dress code as stated in his objective.	{MM855}		

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{MM855}	Continued From page 62 When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #1's replacement behaviors needed to be revised. i. Individual #1's PBSP, dated 2/11, included a replacement behavior objective for physical intimidation and tantrums which stated "[Individual #1] will ask for a break during a non-preferred task in 50% of trials per month for 3 consecutive months." The plan stated staff were to be available to Individual #1 and reassure him if he displayed anxiety. The plan did not include instructions to staff regarding what behaviors Individual #1 displayed when he was anxious. The plan also stated staff were to use "strong verbal interventions" with Individual #1. However, the plan did not include what "strong verbal interventions" were. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #1's replacement behaviors needed to be revised. The facility failed to ensure systematic interventions to manage inappropriate behavior and to teach appropriate replacement behaviors were incorporated into Individual #1's plans. 2. Individual #3's IPP, dated 2/11, documented a 16 year old female diagnosed with mild mental retardation, ADHD, reactive attachment disorder, ODD, PTSD, developmental learning disorder, anxiety disorder NOS, and mood disorder. Individual #3's programs to manage inappropriate	{MM855}		

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{MM855}	Continued From page 63 behavior and to teach appropriate replacement behaviors did not provided sufficient instructions to staff as follows: a. Individual #3's PBSP, dated 2/11, contained an objective for decreasing task avoidance (defined as refusing to comply with tasks on her active treatment schedule by ignoring, refusal, and isolation in her room). The instructions to staff stated if Individual #3 refused to move to the next task, she was to be told that she needed to stay in her room until she was ready to complete the request. However, it was not clear how staff were to run the intervention if Individual #3 was avoiding a task or request by isolating in her bedroom. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the definition of task avoidance needed to be revised. b. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for task avoidance which stated "[Individual #3] will identify a positive way that her positive behavior effects her environment when presented with a scenario by staff in 70% of trials per month for 3 consecutive months." The plan stated staff were to "talk to [Individual #3] about her day and her emotions daily before she begins to display inappropriate behaviors." The plan did not include instructions to staff regarding how they were to anticipate Individual #3's inappropriate behaviors or what inappropriate behaviors meant. The plan further stated she was to receive high	{MM855}		

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{MM855}	Continued From page 64 rates of reinforcement and attention for positive behavior. The plan did not include information related to what "high" levels were, what was reinforcing to Individual #3 or what positive behaviors she displayed. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. c. Individual #3's PBSP, dated 2/11, contained an objective for decreasing angry emotional outbursts (defined as acting in an aggressive manor toward staff and peers including yelling, swearing, threatening, throwing objects, invading personal space, and attempting to or hitting others). The instructions to staff stated if "[Individual #3's] behaviors present an immediate risk to herself or others, staff will manually restrain her using the CPI Team Restraint until he [sic] no longer poses a threat to himself [sic] or others. The restraint is to be removed as soon as she is no longer presenting an immediate threat." However, the instructions did not clearly define what was considered an "immediate threat." When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised to clearly define when Individual #3 should be placed into and released from the restraint. d. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for angry emotional outburst which stated "[Individual #3] will tell staff verbally what she wants 50% of trials per month for 3 consecutive months."	{MM855}		

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{MM855}	Continued From page 65 The plan stated staff were to "talk to [Individual #3] about her day and her emotions daily before she begins to display inappropriate behaviors." The plan did not include instructions to staff regarding how they were to anticipate Individual #3's inappropriate behaviors or what inappropriate behaviors meant. The plan further stated staff were to provide continuos supervision to monitor her emotional status. The plan did not include information related to what behaviors Individual #3 displayed to indicate her emotional status or how to intervene based on the behaviors she displayed. The plan also stated staff were to praise Individual #3 when she told them what she wanted or did not want to do. However, the plan did not include instructions to staff regarding how to respond (i.e. allow her to escape things she did not want to do, allow her to engage in things she did want to do, etc.). Additionally, the plan did not include instructions to staff regarding what to do if Individual #3 did not tell them what she wanted or did not want to do. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. e. Individual #3's PBSP, dated 2/11, contained an objective for decreasing incidents of inappropriate boundaries (defined as making inappropriate comments towards peers and staff, touching others without permission, touching others in inappropriate ways, making sexual gestures, and showing inappropriate clothing or body parts to staff and peers).	{MM855}		

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{MM855}	Continued From page 66 However, the instructions to staff did not clearly define how staff were to intervene if Individual #3 exhibited inappropriate boundaries while in the community. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised. f. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for inappropriate boundaries which stated "[Individual #3] will identify appropriate ways to get attention in 90% of trials per month for 3 consecutive months." The plan stated staff were to "maintain appropriate physical boundaries with [Individual #3] at all times." However, the plan did not include information regarding what "appropriate physical boundaries meant (e.g. arm's length distance, side hugs only, etc.). When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. g. Individual #3's PBSP, dated 2/11, contained an objective for decreasing incidents of property destruction (defined as kicking walls and door, tearing blinds, and destroying screens). The instructions to staff stated if "[Individual #3's] behaviors present an immediate risk to herself or others, staff will manually restrain her using the CPI Team Restraint until he [sic] no longer poses a threat to himself [sic] or others. The restraint is to be removed as soon as she is no longer presenting an immediate threat." However, the instructions did not clearly define what was considered an "immediate threat."	{MM855}		

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{MM855}	Continued From page 67 When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised to clearly define when Individual #3 should be placed into and released from the restraint. h. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for property destruction which stated "[Individual #3] will seek attention though positive ways identified by her through Replacement Objective #2 in 75% of trials per month for 3 consecutive months." Her "Replacement Objective #2" stated "[Individual #3] will identify a positive way that her positive behavior effects her environment when presented with a scenario by staff in 70% of trials per month for 3 consecutive months." The plan stated staff were to "maintain appropriate physical boundaries with [Individual #3] at all times." However, the plan did not include informations regarding what "appropriate physical boundaries meant (e.g. arm's length distance, side hugs only, etc.). When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. i. Individual #3's PBSP, dated 2/11, contained an objective for decreasing instances of false allegations (defined as falsely accusing and threatening to accuse others of sexual abuse). The instructions to staff did not clearly define appropriate interventions for staff to follow if Individual #3 engaged in making false accusations.	{MM855}		

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	13G078	A. BUILDING _____ B. WING _____	R 03/28/2011

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{MM855}	Continued From page 68 When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the instructions to staff needed to be revised. j. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for making false accusations which stated "[Individual #3] will show respect for staff by speaking respectfully to them in 70% of trials for 3 consecutive months." The plan did not include instructions to staff regarding what "respectful" meant or how to teach Individual #3 to speak to staff respectfully. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. k. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for difficulty falling asleep which stated "[Individual #3] will engage in her bed time routine in 80% of trials for 6 consecutive months." However, the instructions to staff for the replacement behavior did not provide Individual #3's bed time routine. When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. l. Individual #3's PBSP, dated 02/11, included a replacement behavior objective for running away which stated "[Individual #3] will talk to staff about her feelings in 70% of trials for 3 consecutive months."	{MM855}		

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{MM855}	Continued From page 69 The plan stated staff were to speak to Individual #3 about her feeling during her nightly hygiene routine. However, the plan did not include instructions to staff regarding how to respond if Individual #3 refused to talk about her feelings or how to respond if Individual #3 did talk about her feelings (e.g. how to respond if she expressed anger, frustrations, joy, etc.) When asked, the Administrator stated during an interview on 3/25/11 from 11:20 a.m. - 1:10 p.m., the training programs for Individual #3's replacement behaviors needed to be revised. 3. Individual #2's 2/11 IPP stated he was a 14 year old male diagnosed with mild mental retardation. Individual #2's programs to manage inappropriate behavior and to teach appropriate replacement behaviors did not provided sufficient instructions to staff as follows: a. Individual #2's PBSP, dated 3/11, stated he engaged in physical aggression (defined as hitting, kicking, and/or spitting on others with intent to harm). Individual #2's Functional Behavior Assessment, dated 3/11, stated the function of the behavior was to get attention from a particular staff but it would also occur if he was over-stimulated. However, his PBSP did not include directions to staff regarding how to engage Individual #2 in appropriate attention seeking or redirection from over-stimulating situations prior to engaging in the maladaptive behavior. b. Individual #2's PBSP stated he engaged in teasing or provoking others (defined as poking, yelling at, and/or any other action directed at the other residents or staff with the intent of getting the other resident or staff to react in a negative	{MM855}		

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{MM855}	Continued From page 70 manor). Individual #2's Functional Behavior Assessment stated the function of the behavior was to gain attention and he enjoyed provoking others. However, his PBSP did not include directions to staff regarding how to engage Individual #2 in appropriate attention seeking or redirection from provoking others prior to engaging in the maladaptive behavior. c. Individual #2's PBSP stated he engaged in tantrums (defined as falling to the ground kicking and screaming). Individual #2's Functional Behavior Assessment stated the function of the behavior was to get something he wanted. However, his PBSP did not include directions to staff regarding how to engage Individual #2 in obtaining wanted items without engaging in the maladaptive behavior. d. Individual #2's PBSP stated he engaged in sexually inappropriate behaviors (defined as touching or grabbing women's chests or making sexually inappropriate comments or gestures). Individual #2's Functional Behavior Assessment stated the function of the behavior was to get attention and appeared to have a "hormonal function." However, his PBSP did not include directions to staff regarding how to engage Individual #2 in gaining attention appropriately without engaging in the maladaptive behavior, or what to do to address the "hormonal function" of the behavior.	{MM855}		

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{MM855}	Continued From page 71 e. Individual #2's PBSP stated he engaged in self injurious behaviors (defined as biting his lip to make it bleed, pinching himself, or hitting himself). Individual #2's Functional Behavior Assessment stated the function of the behavior was to get attention from staff and to "show staff how angry he is." However, his PBSP did not include directions to staff regarding how to engage Individual #2 in appropriate attention seeking or expression of anger prior to engaging in the maladaptive behavior. f. Individual #2's PBSP, dated 3/11, included a replacement behavior objective for physical aggression towards others, teasing/provoking others, tantrums, sexually inappropriate behaviors, and self injurious behaviors which stated "Given direct verbal prompts, [Individual #2] will appropriately initiate an interaction with another resident (by verbally interacting without using derogatory or offensive language) in 60% of trials per month for 3 consecutive months." The plan stated staff would redirect Individual #2 from over-stimulating environments. However, the plan did not include information related to what an over-stimulating environment was. The plan stated staff were to verbally prompt Individual #2 to initiate an interaction with another individual by asking if they wanted to play with him. Staff were to then verbally praise him for initiating an interaction appropriately. The plan did not include instructions to staff regarding what to do if Individual #2 did not initiate an appropriate	{MM855}		

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{MM855}	Continued From page 72 interaction. g. Individual #2's PBSP stated he engaged in verbal assault to staff (defined as treating staff with harm, and yelling or cursing at staff or other residents). Individual #2's Functional Behavior Assessment stated the function of the behavior was to avoid undesirable tasks or to avoid particular situations. However, the PBSP did not include directions to staff regarding how to engage Individual #2 in the undesirable task or to avoid tasks without engaging in verbal assault. h. Individual #2's PBSP stated he engaged in task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks). Individual #2's Functional Behavior Assessment stated the function of the behavior was task avoidance but "it has a greater function of irritating the staff which he enjoys." However, the PBSP did not include directions to staff regarding how to engage Individual #2 in the task he was trying to avoid without engaging in the maladaptive behavior. i. Individual #2's PBSP included a replacement objective for verbal assault to staff and task avoidance/defiance which stated "Given 2 direct verbal prompts or less, [Individual #2] will respectfully refuse an unwanted task in 60% of trials per week for 3 consecutive months." An additional replacement for task avoidance/defiance stated "Given a direct verbal prompt or less, [Individual #2] will engage in positive activities that he enjoys during his free	{MM855}		

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{MM855}	Continued From page 73 time (like fishing, gardening etc) [sic] in 80% of trials per month for 3 consecutive months." The plan stated staff were to choose a non-preferred task for the day to prompt Individual #2 to refuse respectfully. However the plan did not include information regarding what tasks were non-preferred for Individual #2. j. Individual #2's PBSP stated he engaged in property destruction (defined as destroying his personal items or property of the facility by punching or kicking walls, doors, or his dresser). Individual #2's Functional Behavior Assessment stated the function of the behavior was to "release his negative emotional energy." However, the PBSP did not include directions to staff regarding how to engage Individual #2 in release of negative emotional energy prior to engaging in the maladaptive behavior. k. Individual #2's PBSP stated he engaged in running from staff (defined as trying to avoid supervision from staff). His Functional Behavior Assessment stated the function of the behavior was to irritate and provoke staff. However, the PBSP did not include directions to staff regarding how to engage Individual #2 in interacting with staff without engaging in the maladaptive behavior. l. Individual #2's PBSP included a replacement objective for running from staff which stated "Given a direct verbal prompt or less, [Individual #2] will engage in positive activities that he enjoys during his free time (like fishing, gardening etc) [sic] in 80% of trials per month for 3 consecutive	{MM855}		

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{MM855}	Continued From page 74 months." The plan stated staff were to help Individual #2 avoid over-stimulating environments. However, the plan did not include information regarding what an over-stimulating environment was. During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #2's replacement behaviors were not sufficiently developed and needed to be revised and the directions to staff were not sufficient in Individual #2's PBSP and needed to be revised. 4. Individual #4's 3/11 IPP stated he was a 10 year old male diagnosed with pervasive developmental delay. Individual #4's programs to manage inappropriate behavior and to teach appropriate replacement behaviors did not provided sufficient instructions to staff as follows: a. Individual #4's PBSP stated he engaged in physical aggression towards others (defined as hitting, kicking, and/or spitting on those around him). Individual #4's Functional Behavior Assessment stated the function of the behavior was task avoidance and attention seeking. However, the PBSP did not include directions to staff regarding how to engage Individual #4 in the undesired task or seek attention without engaging in the maladaptive behavior. b. Individual #4's PBSP, dated 3/11, included a replacement objective for physical aggression towards others which stated "Given a direct verbal prompt or less, [Individual #4] will ask for a break during a non-preferred task in 50% of trails per month for 3 consecutive months."	{MM855}		

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{MM855}	Continued From page 75 The plan stated staff were to redirect Individual #4 from over-stimulating environments. However, the plan did not include information related to what an over-stimulating environment was. The plan also stated staff were to prompt Individual #4 to ask for a break during a task, before he expressed frustration. However, the plan did not include information to staff regarding how to anticipate Individual #4's frustration. c. Individual #4's PBSP stated he engaged in verbal aggression/intimidation (defined as yelling, swearing, or making derogative comments to staff or peers). Individual #4's Functional Behavior Assessment stated the function of the behavior was to control his environment. However, the PBSP did not include directions to staff regarding how to engage Individual #4 in adjusting his environment rather than engaging in the maladaptive behavior. d. Individual #4's PBSP stated he engaged in task avoidance/defiance (defined as refusing to comply with staff requests or complete tasks). Individual #4's Functional Behavior Assessment stated the function of the behavior was to avoid tasks and to gain independence. However, the PBSP did not include directions to staff regarding how to engage Individual #4 in the undesired task or encourage independence without engaging in the maladaptive behavior. e. Individual #4's PBSP stated he engaged in property destruction (defined as breaking personal and facility property).	{MM855}		

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{MM855}	Continued From page 76 Individual #4's Functional Behavior Assessment stated the function of the behavior was gain control over his environment and exert his independence. However, his PBSP did not include directions to staff regarding how to engage Individual #4 in controlling his environment or how to encourage independence without engaging in the maladaptive behavior. f. Individual #4's PBSP included a replacement objective for verbal aggression/intimidation, task avoidance/defiance and property destruction which stated "Given 2 direct verbal prompts or less, [Individual #4] will request a change in his schedule in 75% of trials for 3 consecutive months." The plan stated staff were to "have a goal set that [Individual #4] is working toward that is meaningful to him that is tied to respectful speech." The plan did not include information related to how staff were to set a goal, what was meaningful to Individual #4, or what respectful speech meant. The plan also stated staff were to redirect Individual #4 to his bedroom or outside when he was becoming over-stimulated in the home. The plan did not include instructions to staff regarding what "over-stimulated" meant for Individual #4. The plan stated he was to receive "an increased rate of positive reinforcement for positive behavior." The plan did not include information related to what "increased rate" meant, what was positive reinforcement for Individual #4, or what "positive behavior" was.	{MM855}		

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{MM855}	Continued From page 77 The plan stated staff were to review Individual #4's schedule with him in the morning and prompt him to request a schedule change. However, the plan did not include instructions to staff regarding how to respond when Individual #4 requested a schedule change or how to respond if Individual #4 did not want his schedule changed. g. Individual #4's PBSP stated he engaged in tantrums (defined as throwing items around the room, crying uncontrollably, and falling to the ground). Individual #4's Functional Behavior Assessment stated the function of the behavior was to communicate his frustration. However, his PBSP did not include directions to staff regarding how to engage Individual #4 in appropriate communication without engaging in the maladaptive behavior. h. Individual #4's PBSP included a replacement objective for tantrums which stated "given a direct verbal prompt or less, [Individual #4] will talk to staff about his feelings in 50% of trials per month for 3 consecutive months." The plan stated staff were to assist Individual #4 to avoid over-stimulating environments. However, the plan did not include information related to what an over-stimulating environment was. The plan also stated staff were to use active listening skills when Individual #4 wanted to talk about his feelings. However, the plan did not include instructions to staff regarding how to respond when Individual #4 expressed different emotions (e.g., how to respond when he expressed anger, fear, sadness, joy, etc.)	{MM855}		

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{MM855}	Continued From page 78 During an interview on 3/24/11 from 9:05 - 11:45 a.m., the Administrator stated Individual #4's replacement behaviors were not sufficiently developed and needed to be revised and the directions to staff were not sufficient in Individual #4's PBSP and needed to be revised.	{MM855}		
MM866	16.03.11.270.09(a)(iii) Human and Civil Rights Asserting and safeguarding the human and civil rights of the intellectually disabled and their families and fostering the human dignity and the personal worth of each resident. This Rule is not met as evidenced by: Based on observation, record review and staff interviews, it was determined the facility failed to ensure techniques to manage inappropriate behavior were employed with sufficient safeguards and supervision to ensure the safety, welfare and civil and human rights for 2 of 4 individuals (Individuals #1 and #2) whose restrictive interventions were reviewed. This resulted in a lack of adequate protections related to individuals' rights and physical safety. The findings include: 1. During visits to the school attended by Individuals #1 and #2, on 3/22/11 from 11:10 a.m. - 12:15 p.m. and 3/25/11 from 10:00 - 10:15 a.m., two designated time-out rooms were assessed. Both rooms were noted to be approximately 7 feet wide and 9 feet deep. Each room had a door offset to one side. The door contained a window that was approximately 5 inches wide by 18 inches high. A paper cover was attached to the door which could be placed over the window. The interior walls of both rooms were padded, as was the inside of the door. The doors opened	MM866		

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MM866	Continued From page 79 outward, but could be held shut with the use of magnetic locking systems activated by a button on the outside wall of each room. Staff would engage the locking system by maintaining physical contact with the button. It was noted that, once inside the room with the door shut, an individual could stand in the corner to one side of the door and not be seen through the window. Additionally, when lying on the floor in front of the door, it would not be possible to observe the individual's hands, face, or portions of the body that were against the door. With the door shut it, it was not be possible to maintain visual contact and ensure the safety of the individual inside the room. During an interview on 3/25/11 from 10:00 - 10:15 a.m., the school principal stated there were no written policies with regards to entering the time-out room if visual contact could not be maintained with the individual inside the room. On 3/22/11 from 11:25 a.m. - 2:15 p.m., Individual #1 and Individual #2's school Case Managers both stated the time-out rooms were used for Individual #1 and Individual #2. The school utilized a Daily Tracking Form to provide documentation to the facility regarding individuals' usage of the rooms. Individual #2's Daily Tracking Forms for an 11 day period in 3/11 were reviewed and documented he voluntarily went into the time-out room 7 times and was placed in the time-out room 28 times. Individual #1's Daily Tracking Forms for a 12 day period in 3/11 were reviewed and documented he	MM866		

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MM866	Continued From page 80 was placed in the time-out room 13 times. During an interview on 3/23/11 from 10:25 a.m. - 2:15 p.m., the Administrator stated she was aware the time-out rooms were in use and had seen the rooms. The Administrator stated she was aware the rooms did not meet regulatory requirements. The facility failed to ensure sufficient safeguards were developed related to the use of time-out rooms to ensure Individual #1 and Individual #2's rights and physical safety were protected.	MM866		

Home Again ICF Plan of Corrections for Survey dated ~~April 8,~~ March 28, per HD on 4/22/11 2011

Key:

1. ***Describe what corrective actions will be accomplished for those individuals found to have been affected by the deficient practice.***
2. ***Describe how the facility will identify other individuals having the potential to be affected by the same deficient practice and what corrective actions and what corrective actions will be taken.***
3. ***Describes what measures will be put into place or what systematic change will be made to ensure that the deficient practice does not reoccur. How will the corrective actions be monitored to ensure that the deficient practice will not reoccur, ie. What quality assurance program will be put into place.***
4. ***What is the date that the corrective actions will be completed?***

W102 - Refer to W266 for a description of the systematic changes that have been made to ensure future compliance.

W104 – Refer to W124, W159, W214, W227, W239, W252, W262, W263, W266, W276, W289

W120

1. For individuals 1, 2, and 4, the Administrator and QMRP are working with the school to institute a system of behavior documentation at school that will be specific and comprehensive enough to convey for each of the targeted behaviors how often they are happening, and whether the behaviors are increasing or decreasing in frequency, duration, and severity. The QMRP will observe in the classrooms to assess the behaviors as they occur at school. The communication with the school and observations will be documented. The school will receive updated copies of Home Again ICF's behavior assessments (FUBAA) and IPP's and the QMRP will ensure that the school is using the same interventions that are being used at home when practical and will ensure that interventions that are different have a similar function.
2. The QMRP and Administrator will observe in the classes of all of the residents and will communicate with the teachers to ensure that policies are in place to ensure the documentation of targeted behaviors are documented at school and reported to the home with enough detail to record how often they are happening, and whether the behaviors are increasing or decreasing in frequency, duration, and severity. The communication with the school and observations will be documented. The school will receive updated copies of Home Again ICF's behavior assessments and IPP's and the QMRP will ensure that the school is using the same interventions that are being used at home when practical and will ensure that interventions that are different have a similar function.
3. The QMRP will observe in the classrooms of all residents at least quarterly to assess the residents' behavior and progress in the classrooms to ensure that the resident's behavioral and academic needs are being met, and to ensure that the interventions being used are the same interventions that are being used at home when practical and will ensure that interventions that are different have a similar function. The QMRP will provide copies of all FUBA, IPPs, and IDT assessments as they are updated. The QMRP will review the behavior documentation as it comes home from school to ensure that it is specific enough to assess the progress toward the behavioral objectives and the effectiveness of the interventions.
4. These changes will be completed by May 3, 2011.

W124

1. For individuals 1 and 2, the AQMRP will create new HRC and Parental Consents that are informed and accurately reflect the programs and interventions used as outlined in the PBSP including the medical plans of reduction.
2. For all residents, the AQMRP will review all HRC and Parental Consents and ensure that that all consents are informed and accurately reflect the programs and interventions used as outlined in the PBSP including the medical plans of reduction.
3. The AQMRP will update the HRC and Parental Consents and submit them to be approved whenever the interventions and/or medical plans of reduction are changed. The AQMRP will review the HRC and Parental Consents quarterly and ensure that that all consents are informed, signed, not expired, and accurately reflect the programs and interventions used as outlined in the PBSP including the medical plans of reduction.
4. This will be completed by April 25, 2011.

W1S9 – Refer to W120, W124, W214, W227, W230, W236, W237, W239, W2S2, W262, W263, W285

W214

1. For individuals 1-4, the FUBAs have been updated by the IDT to include accurate detailed information on the behaviors as well as the symptoms that the residents display in relation to each of their mental illness diagnosis and how those diagnosis affect the behaviors.
2. For all residents, the FUBAs have been updated by the IDT to include accurate detailed information on the behaviors as well as the symptoms that the residents display in relation to each of their mental illness diagnosis and how those diagnoses affect the behaviors.
3. The IDT will work together to assess new and emerging behaviors, and update existing behavior assessments to include accurate detailed information on the behaviors as well as the symptoms that the residents display in relation to each of their mental illness diagnosis and how those diagnosis effect the behaviors. The QMRP will ensure that the assessments are accurate, detailed, and include information on the mental illnesses and how they impact the behaviors.
4. This will be completed by 4/12/2011.

W227

1. For individual #2, IPP objectives to track symptoms of mental illness have been added by the IDT.
2. IPP objectives to track the symptoms of mental illness have been added for all residents by the IDT.
3. All future IPPs and IPP updates will include objectives to track the symptoms of mental illness. The QMRP will be responsible to ensure that these objectives are included for the symptoms the mental illnesses for all residents.
4. This will be completed by 4/12/2011.

W230

1. For individuals 1-4, projected completion dates have been added to all IPP objectives.
2. For all residents, projected completion dates have been added to all IPP objectives.
3. In the future, projected completion dates will be added to all IPP objectives by the QMRP.
4. This will be completed by 4/12/2011.

W236

1. For individuals 1-4, the person responsible for monitoring the objective has been added to all IPP objectives.
2. For all residents, the person responsible for monitoring the objective has been added to all IPP objectives.
3. In the future, the person responsible for monitoring the objective has been added to all IPP objectives by the QMRP.
4. This will be completed by 4/12/2011.

W237

1. For individuals 1-4, the type and frequency of data collection has been added to all IPP objectives.
2. For all residents, the type and frequency of data collection has been added to all IPP objectives.
3. In the future, the type and frequency of data collection has been added to all IPP objectives by the QMRP.
4. This will be completed by 4/12/2011.

W239

1. For individuals 1-2, the replacement objectives have been amended as needed to ensure that they address the function of the behavior and provide a true replacement for the mal-adaptive behavior.
2. For all residents, the replacement objectives have been amended as needed to ensure that they address the function of the behavior and provide a true replacement for the mal-adaptive behavior.
3. In the future, the replacement objectives will be created to address the function of the behavior and provide a true replacement for the mal-adaptive behavior by the QMRP.
4. This will be completed by 4/12/2011.

W252

1. For individuals 1-4, the staff have been retrained on how to fill out the ABC forms with enough information on the antecedent, behavior, staff interventions, and consequences to allow the QMRP to assess the effectiveness of the interventions outlined in the training programs.
2. For all residents, the staff have been retrained on how to fill out the ABC forms with enough information on the antecedent, behavior, staff interventions, and consequences to allow the QMRP to assess the effectiveness of the interventions outlined in the training programs.
3. All staff will be trained at the time of hire on the proper way to fill out an ABC form and any staff who fill out ABC forms incompletely or without the needed information more than 2 times in a month will be retrained on the proper way to fill out an ABC form and will fill out 2 sample ABC forms to ensure that they understand how to fill out the form. This will be completed by the AQMRP and QMRP and will be monitored by the Administrator.
4. This will be completed by 5/3/11.

W262

1. For individuals 1-2, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school.
2. For all residents, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable.
3. In the future HRC approvals and Parental consents will be obtained for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable. The

AQMRP will prepare and submit the requests and the QMRP will review the files of all residents at least quarterly to ensure that all approvals and consents are in place.

4. This will be completed by 5/3/11.

W263

1. For individuals 1-2, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school.
2. For all residents, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable.
3. In the future HRC approvals and Parental consents will be obtained for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable. The AQMRP will prepare and submit the requests and the QMRP will review the files of all residents at least quarterly to ensure that all approvals and consents are in place.
4. This will be completed by 5/3/11.

W266 – refer to W214, W227, W237, W239, W252, W276, W277, W279, W285, W289, W291

W276 – Refer to W279

W277

1. (and 2.) The Hierarchy of Behavior Interventions in the Policy and procedures Manual has been amended to include the use of a time out room at the school.
3. The QMRP will ensure that no interventions are used by outside resources including schools that are not included in our Hierarchy of Behavior Interventions that has been approved by our HRC. If needed and appropriate, the administrator will change the Hierarchy of Behavior Interventions and submit the new restrictive interventions for approval by the HRC.
4. This will be completed by 4/11/11.

W279 – refer to W277

W285

1. For individuals 1-2, The Administrator has worked with the Principal and IDT of their school to ensure that a policy is in place that anytime the students go into the Time Out Room, a staff member will ensure that they can see the students at all times and that anytime a student goes into a blind spot, the staff member will open the door to look at the student. The Principal has amended the school Time Out Rooms policy and has provided a copy of the amended policy to the administrator of Home Again ICF. The Administrator and QMRP met with the school IDT to educate them on the ICFMR regulations for time out rooms and to receive documentation of training of all school staff who work with Home Again ICF residents on the new policy. At the meeting, the team from the school told the Administrator and the QMRP that they would ensure that they could see or hear the resident and would only open the door if they couldn't see or hear the resident. The team from the school were educated on the federal ICFMR regulations that require staff to be able to see the residents at all times when they are in the time out room. The administrator explained that the residents could not use the time out room unless it was in compliance with the regulations. The administrator and QMRP were notified by the school team that the

residents could not be safe in the school without the use of the time out room and therefore could not attend the school if they could not use the time out room. The idea of using cameras was proposed but the school team stated that the district legal department would have to sign off on the use of cameras and that the district would have to approve funds to purchase and install the cameras if they were approved by the legal team and that this would take a very long time. The administrator offered to pay for cameras of mirrors to put in the room. The school team stated that mirrors in the room would be able to be taken down and used to break the window or hurt the residents. The administrator and QMRP are continuing to try to find a solution to help the school come into compliance with the federal regulations on time out rooms.

2. The Administrator will talk to the Principals of the other schools attended by Home Again ICF to ensure that the use of Time Out Rooms is not with our residents used at those schools. If they are, the administrator will ensure that the Time Out Rooms meet ICFMR regulations for Time Out Rooms before our residents are allowed to use them. This communication with the schools will be documented.
3. The administrator and QMRP will work with the school attended by residents #1-2 to help them come into compliance with the ICFMR regulations for time out rooms. The QMRP will observe in the classrooms and communicate with the teachers and principals of the schools that are attended by Home Again ICF residents at least quarterly to insure that all interventions used in the schools are integrated into our Hierarchy of Behavior Interventions and are within the ICFMR regulations.
4. This will be completed by 5/3/11.

W289

1. (and 2.) All PBSP instructions for all behaviors for all residents will provide detailed instructions including what staff will do to prevent the behaviors, what replacement behaviors are being taught and how they will be taught, how staff will intervene if the behavior occurs, and what to do if the intervention is effective and if it is not.
3. All future training programs and plans for behaviors will include detailed instructions including what staff will do to prevent the behaviors, what replacement behaviors are being taught and how they will be taught, how staff will intervene if the behavior occurs, and what to do if the intervention is effective and if it is not. This will be completed by the IDT and monitored by the administrator.
4. This will be completed by 4/17/2011.

W291 refer to W285

W406 Refer to W438

W438

1. For individual #5, her door knob was replaced and is now fully operational to provide a safe exit in case of emergency.
2. All of the doors in the home were inspected by the administrator and the RSM and any door knobs that were loose were tightened or replaced as needed.
3. The RSM will check all door knobs daily to ensure that all door knobs are functional and that all primary means of escape in case of emergency are operational and accessible. Any door knobs that are not operational will be replaced immediately.
4. This was completed by 3/25/11.

MM164

1. For individuals 1 and 2, the AQMRP will create new HRC and Parental Consents that are informed and accurately reflect the programs and interventions used as outlined in the PBSP including the medical plans of reduction.
2. For all residents, the AQMRP will review all HRC and Parental Consents and ensure that that all consents are informed and accurately reflect the programs and interventions used as outlined in the PBSP including the medical plans of reduction.
3. The AQMRP will update the HRC and Parental Consents and submit them to be approved whenever the interventions and/or medical plans of reduction are changed. The AQMRP will review the HRC and Parental Consents quarterly and ensure that that all consents are informed, signed, not expired, and accurately reflect the programs and interventions used as outlined in the PBSP including the medical plans of reduction.
4. This will be completed by April 25, 2011.

MM194

1. For individuals 1-2, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school.
2. For all residents, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable.
3. In the future HRC approvals and Parental consents will be obtained for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable. The AQMRP will prepare and submit the requests and the QMRP will review the files of all residents at least quarterly to ensure that all approvals and consents are in place.
4. This will be completed by 5/3/11.

MM196

1. For individuals 1-2, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school.
2. For all residents, HRC approvals and Parental consents have been included for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable.
3. In the future HRC approvals and Parental consents will be obtained for all restrictive interventions including 1:1 and/or close proximity supervision, and time out rooms used at school if applicable. The AQMRP will prepare and submit the requests and the QMRP will review the files of all residents at least quarterly to ensure that all approvals and consents are in place.
4. This will be completed by 5/3/11.

MM197

1. For individuals 1-2, The Administrator has worked with the Principal and IDT of their school to ensure that a policy is in place that anytime the students go into the Time Out Room, a staff member will ensure that they can see the students at all times and that anytime a student goes into a blind spot, the staff member will open the door to look at the student. The Principal has amended the school Time Out Rooms policy and has provided a copy of the amended policy to the administrator of Home Again ICF. The Administrator and QMRP met with the school IDT to educate them on the ICFMR regulations for time out rooms and to receive documentation of training of all school staff who work with Home Again ICF residents on the new policy. At the meeting, the team from the school told the Administrator and the QMRP that they would ensure that they could see or hear the resident and would only open the door if

they couldn't see or hear the resident. The team from the school were educated on the federal ICFMR regulations that require staff to be able to see the residents at all times when they are in the time out room. The administrator explained that the residents could not use the time out room unless it was in compliance with the regulations. The administrator and QMRP were notified by the school team that the residents could not be safe in the school without the use of the time out room and therefore could not attend the school if they could not use the time out room. The idea of using cameras was proposed but the school team stated that the district legal department would have to sign off on the use of cameras and that the district would have to approve funds to purchase and install the cameras if they were approved by the legal team and that this would take a very long time. The administrator offered to pay for cameras of mirrors to put in the room. The school team stated that mirrors in the room would be able to be taken down and used to break the window or hurt the residents. The administrator and QMRP are continuing to try to find a solution to help the school come into compliance with the federal regulations on time out rooms.

2. The Administrator will talk to the Principals of the other schools attended by Home Again ICF to ensure that the use of Time Out Rooms is not with our residents used at those schools. If they are, the administrator will ensure that the Time Out Rooms meet ICFMR regulations for Time Out Rooms before our residents are allowed to use them. This communication with the schools will be documented.
3. The administrator and QMRP will work with the school attended by residents #1-2 to help them come into compliance with the ICFMR regulations for time out rooms. The QMRP will observe in the classrooms and communicate with the teachers and principals of the schools that are attended by Home Again ICF residents at least quarterly to insure that all interventions used in the schools are integrated into our Hierarchy of Behavior Interventions and are within the ICFMR regulations.
4. This will be completed by 5/3/11.

MM334

1. For individual #5, her door knob was replaced and is now fully operational to provide a safe exit in case of emergency.
2. All of the doors in the home were inspected by the administrator and the RSM and any door knobs that were loose were tightened or replaced as needed.
3. The RSM will check all door knobs daily to ensure that all door knobs are functional and that all primary means of escape in case of emergency are operational and accessible. Any door knobs that are not operational will be replaced immediately.
4. This was completed by 3/25/11.

MM513 – Refer t W102

MM537

1. (and 2.) Staff are being trained through a full staff meeting and individual training for staff identified as needing extra training on the documentation of behaviors to give enough detailed information on the behavior to give a good description of the antecedent, behavior, interventions and reactions to the interventions to show whether the interventions are being implemented as written and whether the plans are effective.
   In the staff training sessions, the staff members will read the training program and then will be write a sample ABC on the behavior, what interventions they would use, and how they believe the resident would respond.

3. The QMRP will review all ABC behavior documentation weekly and will make corrective actions as indicated including retraining staff when they do not accurately and thoroughly document the behavior on the ABC form.
4. This will be completed by 4/15/11.

MM725 – Refer to M164, M194, M196, M197, M203, M537, M729, M730, M732, M733, M854, M866

MM729 – Refer to W227

MM730 – Refer to W214

MM732 – Refer to W230

MM733

1. For individuals 1, 2, and 3, the Administrator and QMRP have met with the schools that they attend and have given the schools copies of the updated IPPs, FUBAs, and recent assessments by IDT members. They will observe in the classrooms and assess the behaviors as they see them occur in the classroom. This will be documented. The administrator will talk to the principals of the schools and will ensure that the schools document the mal-adaptive behaviors with enough detail to document what interventions are used to address the behaviors, if those behaviors are effective, whether the behaviors are increasing or decreasing in frequency, severity or duration.
2. For all residents, the Administrator and QMRP have met with the schools that they attend and have given the schools copies of the updated IPPs, FUBAs, and recent assessments by IDT members. They will observe in the classrooms and assess the behaviors as they see them occur in the classroom. This will be documented. The administrator will talk to the principals of the schools and will ensure that the schools document the mal-adaptive behaviors with enough detail to document what interventions are used to address the behaviors, if those behaviors are effective, whether the behaviors are increasing or decreasing in frequency, severity or duration.
3. The QMRP will observe in the classrooms and communicate with the teachers and principals of the schools that are attended by Home Again ICF residents at least quarterly to insure that all interventions used in the schools are integrated into our Hierarchy of Behavior Interventions and are within the ICFMR regulations. The QMRP will give the schools copies of the IPPs and FUBAs as they are updated. The IPPs will include diagnosis and their symptoms, and current medications with doses and plans for reduction.
4. This will be completed by 5/3/11

MM854

1. (and 2.) For all residents, the PBSPs have been updated to include information on the training programs on the type of data and frequency of which the data will be collected.
3. All future training programs in the PBSP and updates to the PBSP training programs will include the type of data and frequency of which the data will be collected.
4. This has been collected as of 4/9/11.

MM855 – Refer to W289

MM866 – Refer to W285